

**MISSOURI STATE UNIVERSITY  
GRADUATE COLLEGE  
COMPREHENSIVE EXAMINATION  
APPLICATION/RESULTS FORM**

**Section 1: To be completed by student**

Name: \_\_\_\_\_ M #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City & Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Advisor's Name: \_\_\_\_\_ Spring Exam \_\_\_\_\_ Fall Exam \_\_\_\_\_  
(Mark your preferred term to take the exam)  
Degree and Area: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_  
Track: \_\_\_\_\_ Student Signature \_\_\_\_\_ (Date) \_\_\_\_\_  
(e.g. SEACT, ASD, VI, O&M)

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**Section 2: To be completed by department with a copy sent to student**

**NOTIFICATION OF TIME AND PLACE**

Please report on (month/date/year) \_\_\_\_\_ at (time) \_\_\_\_\_  
To (building and room number) \_\_\_\_\_  
Signature of Department: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 3: To be filled out by the department upon the completion of the comprehensive exam and then submitted to the Graduate College for approval. Graduate College will approve and send copy to student and to the department.**

**RESULTS**

Pass  Not Pass

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Advisor)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Department Head/Program Director)

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Graduate College)