DOCTORAL COMPREHENSIVE EXAMINATION APPLICATION

Submit your completed application to the Graduate Student Affairs Office, ED 115 by the deadline. Note: your advisor or program coordinator may want to see your most recent program of study before signing your application.

Phone: 407-823-5369 | Fax: 407-823-5370 | Office: ED 115

Date of Exam ___________________________     PID ___________________________
Name ___________________________     Phone ___________________________
Knights Email ___________________________
Specialization Area ___________________________

PLEASE SELECT THE EXAM(S) YOU WILL BE TAKING:

PH.D. EDUCATION
_____ Written
_____ Oral

ED.D. EDUCATIONAL LEADERSHIP
_____ Core Exam (5 hours)
_____ Specialization Exam (3 hours)
_____ Research Exam (take home) or Research Competency Confirmation

Applicant Signature ___________________________     Date ___________

Advisor Signature ___________________________     Date ___________

Doctoral Program Coordinator ___________

Advisor Notes:

______________________________ ___________

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