

# Comprehensive Exam/Paper Registration

Revised Fall 2009

In order to register for a comprehensive exam or comprehensive paper students must (1) find a member of faculty to serve as their supervisor, and (2) have this form signed by their supervisor. **The registration deadline for comprehensive exam/paper is October 30, 2009 for Fall 2009 and February 26, 2010 for Winter 2010. The Registration Office must receive your completed registration form with a regular course registration form (or a course change form if you've already registered for something else in the same term) by this date.** Students should make a copy of this form for themselves prior to submitting it; there will be a \$5 charge if a copy is required from their file. **Tuition and fees must be paid at the time of registration, unless you are registering before the tuition payment due date for the term.**

Written comprehensive exams are normally held during the 10<sup>th</sup> and 11<sup>th</sup> teaching week of both Fall and Winter terms.

### ***IMPORTANT NOTICE – IF YOU ARE TAKING A COMPREHENSIVE EXAM:***

In **Fall 2009**, written comprehensive exams will be held between **November 30** and **December 11**. In **Winter 2010**, they will be held between **March 29** and **April 9**. The Registration Office will notify you of the date and time of your written exam shortly after the registration deadline stated above, but you will need to consult with your supervisor to arrange an oral exam if it is required. **Students are required to take the comprehensive exam in the term in which they register for it.**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Registration Term:  Winter  Fall Year: \_\_\_\_\_

I am registering for: (*clearly mark your selection*)  exam  paper

Area of Concentration: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Second Reader (if known): \_\_\_\_\_

*By signing below, you are agreeing to take the comprehensive exam/paper in the term indicated.*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Date*

*Please turn over...*

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**Courses you have taken (including those you plan to take) in the area of your concentration:**

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**STUDENT CONTACT INFORMATION:**

*Email Address:* \_\_\_\_\_

*Tel:* \_\_\_\_\_

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**EXAM SCHEDULING:** Times available are limited by space, duration of exam, and number of students, etc.

*Dates and/or times that you cannot write the exam for reasons such as class schedule conflict:*

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On the day of your written exam, please arrive at the designated area approx. 15 minutes before your exam is scheduled to begin.

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**TO BE COMPLETED AT TIME OF REGISTRATION:**

*Course #:* \_\_\_\_\_ *Date of Registration:* \_\_\_\_\_

*Signature of Registration Official:* \_\_\_\_\_

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