

Howard University

Department of Educational Leadership & Policy Studies

APPLICATION FOR COMPREHENSIVE EXAMINATION

I, _____ am seeking approval to take the final comprehensive examination in partial fulfillment of requirements for the Ph.D. degree in Higher Education during the __Spring 20__, Fall 20__ semester.

Please note, that this form must be completed, submitted and signed by both your faculty advisor and Department Chair 30 days prior to receiving the exam.

Faculty Advisor: _____

Date: _____

Department Chair: _____

Date: _____

Course(s) Taken	Grade(s)	Course(s) Taken	Grade(s)

Student Signature:	
ID#:	
Phone No.:	