

**MASTER'S COMPREHENSIVE EXAMINATION VARIANCE
COLLEGE OF EDUCATION AND HEALTH PROFESSIONS**

Note: Advisory Committees who wish to administer the Comprehensive Examination at a time other than the times published by the College of Education and Health Professions should submit this form **as soon as possible** (no later than 2 weeks in advance of anticipated administration date.).

Student's Name

Identification Number

Address

Campus Phone Number

City, State Zip

Home Phone Number

Degree Field: _____

Suggested Date/Time (3 hours):

Date

_____ to _____
Time

Testing Room Location: _____

Approvals:

Advisor Signature

Date

Department Head/Graduate Coordinator

Date