

**UNIVERSITY OF LOUISVILLE**  
**College of Education & Human Development**  
**Comprehensive Exam Declaration Form**

**Department:** \_\_\_\_\_  
**Student's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

**Program:** \_\_\_\_\_  
**Student ID #:** \_\_\_\_\_  
**State/Zip Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Exam Date:** \_\_\_\_\_

**1. WRITTEN EXAMINATION FORMAT** (minimum of ten hours in Professional Specialty and Research Methodology) Procedures:

\_\_\_\_\_

\_\_\_\_\_

**2. PREPARATION AND EVALUATION OF EXAMINATIONS**

Topic/Hours	Developer(s) of Questions (Due to Chair by _____)	Readers (3 for each question)		

**3. ORAL EXAMINATION FORMAT** (optional – maximum of 3 hours)

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

**None** **Hours:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Procedures (Brief description of oral examination and directions for student for necessary preparation):

**None**

\_\_\_\_\_

\_\_\_\_\_

	Committee Names	Signatures	Date
<b>Student</b>	_____	_____	_____
<b>Program Committee Chair</b>	_____	_____	_____
<b>Committee Members</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

- Original to Student's file       Copy to EAC  
 Copy to Committee members       Copy to Associate Dean for Research and Graduate Studies