FORM 6

UNIVERSITY OF LOUISVILLE

**College of Education & Human Development**

**Comprehensive Exam Declaration Form**

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| --- | --- | --- | --- |
| **Student’s Name:** |  | **Department:** |  |
| **Address:** |  | **Program:** |  |
| **City:** |  | **Student ID #:** |  |
| **State/Zip Code:** |  | **Email:** |  |
| **Home Phone:** |  |  |  |
| **Work Phone:** |  | **Exam Date:** |  |
|  |  |  |  |
| * **WRITTEN EXAMINATION FORMAT** (minimum of ten hours in Professional Specialty and Research Methodology)
 |
| **Procedures:** |
|  |
|  |
| * **PREPARATION AND EVALUATION OF EXAMINATIONS**
 |
| **Topic/Hours** | **Developer(s) of Questions** | **Readers** **(3 for each question)** |
|  | **(Due to Chair by\_\_\_\_\_\_\_\_\_\_\_)** |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  **Date:** |
| * **ORAL EXAMINATION FORMAT** (optional – maximum of 3 hours)
 | **Hours:** |
| **None** |  |
|  |  |
|  |  |
|  |  |
| **Procedures** (Brief description of oral examination and directions for student for necessary preparation): |  |
| **None** |  |
|  |  |
|  |  |
|  | **Committee Names** |  | **Signatures** |  | **Date** |
| **Student** |  |  |  |  |  |
| **Program Committee Chair** |  |  |  |  |  |
| **Committee Members** |  |  |  |  |  |
|  |  |  |  |  |  |
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| [ ]  | Copy to Associate Dean of Research & Graduate Studies, CEHD |

SPRING 2015