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:** | | | | | | | | | | | | |
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| * **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** | | | | | | | |  | | | | |
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| **Procedures** (Brief description of oral examination and directions for student for necessary preparation): | | | | | | | |  | | | | |
| **None** | | | | | | | |  | | | | |
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|  | | | **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