

## COMPREHENSIVE EXAM DECLARATION FORM

 DEPARTMENT	 STUDENT NAME
 PROGRAM	 STUDENT ID
 EXAM	 EMAIL

**DESCRIPTION OF EXAMINATION FORMAT** A brief description of how the exam will be structured

## **TENTATIVE EXAMINATION READERS**

Faculty Name	Faculty Department
I)	
2)	
3)	
4)	

**INFORMATION FOR EXAM READER (OPTIONAL)** A brief description for the student to prepare for the exam and how it will be graded.

Student	Signature	Date
Primary Faculty Advisor	Signature	Date
Department Chair	Signature	Date
Assist. Dean of Grad. Studies	Signature	Date

**College of Education and Human Development, Room 123,** 1905 South 1st St., Louisville, KY 40292 502.852.2271 • cehdgss@louisville.edu • louisville.edu