

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
Student	_____	_____	_____
Program Committee Chair	_____	_____	_____
Committee Members	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

- Original to Student's file
- Copy to EAC
- Copy to Committee members
- Copy to Assistant Dean of Graduate Studies