

---

# UNIVERSITY OF ARKANSAS

---

**College of Education and Health Professions  
Master's Application for Comprehensive Examination  
(Return to Advisor)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
                    Last                      First                      Middle

Address \_\_\_\_\_ ID# \_\_\_\_\_  
                    Street                      City                      State/Zip

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
                    Work Phone                      Home Phone

Examination Center\* \_\_\_\_\_ Examination Date \_\_\_\_\_

Computer \_\_\_ Yes \_\_\_ No      Bluebook (Handwritten) \_\_\_ Yes \_\_\_ No

Degree Program Area \_\_\_\_\_ Area of Specialization \_\_\_\_\_

M.S. \_\_\_ M.Ed. \_\_\_ M.A.T. \_\_\_ Number of semester hours enrolled in this semester \_\_\_\_\_

**Graduate Hours Completed Prior to this Semester:**

- A. University of Arkansas \_\_\_\_\_
- B. Other Accredited Institutions \_\_\_\_\_
- C. Total Graduate Hours \_\_\_\_\_

**Residence:**

A. Number of Graduate Hours Completed on Fayetteville Campus or on-line \_\_\_\_\_

B. Number of Graduate Hours Completed at Residence Centers and "Saturday Classes" \_\_\_\_\_

If deficiencies were assessed, state when and how they have been or are being removed:

---

---

---

If a site other than the Fayetteville Campus is needed, arrangements must be made through your advisor with department head approval.

**Approved for Taking the Comprehensive Exam**

\_\_\_\_\_  
Major Advisor (Signature)                      Date

\_\_\_\_\_  
Department Head (Signature)                      Date