

Comprehensive examination application

Please complete and return this form to the Graduate Programs Office in Cushing 202.
For any questions, please call 617-552-4928 or fax 617-552-2121.

Date: _____ Eagle ID: _____

Name: _____

Address: _____

Telephone Number: _____

E-Mail address we should send Exam to: _____

Alternate/Backup E-mail address: _____

Fax Number (if applicable): _____

Where will you be taking the exam?:

On Campus Off Campus

What type of computer will you use:

Macintosh IBM

Preferred Computer Software:

Student Request for Comprehensive Exam Committee Members:

Chairperson: _____

Written exam to be taken (date): _____

Oral exam to be taken (date): _____