

## School of Sport and Exercise Science Ph.D. - Permission to Take Comprehensive Exam

| INSTRUCTIONS: 1) Complete Section A; 2) Email this form to your advisor; 3) Meet with your advisor to complete section B and obtain advisor signature; 4) Sign form and submit to the School of Sport and Exercise Science Office.  DATE OF COMPREHENSIVE EXAM  SECTION A: STUDENT INFORMATION |                                  |          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|--|
|                                                                                                                                                                                                                                                                                                |                                  | NAME:    |  |
|                                                                                                                                                                                                                                                                                                |                                  | ADDRESS: |  |
| EMAIL ADDRESS:                                                                                                                                                                                                                                                                                 |                                  |          |  |
| BEAR NUMBER:                                                                                                                                                                                                                                                                                   |                                  |          |  |
| ADVISOR NAME:                                                                                                                                                                                                                                                                                  |                                  |          |  |
| PROGRAM EMPHASIS AREA (drop down)                                                                                                                                                                                                                                                              |                                  |          |  |
| SECTION B : ELIGIBI  Advisor must check all crite                                                                                                                                                                                                                                              |                                  |          |  |
| Permission to take comprehensive exam will be granted to student                                                                                                                                                                                                                               | dents who have:                  |          |  |
| Been granted regular admission in the major program as in                                                                                                                                                                                                                                      | dicated above                    |          |  |
| The major program is the same as the title indicated above                                                                                                                                                                                                                                     |                                  |          |  |
| Program not closed                                                                                                                                                                                                                                                                             |                                  |          |  |
| Maintained a 3.0 GPA in all required courses (no fewer than                                                                                                                                                                                                                                    |                                  |          |  |
| Satisfactorily completed and/or enrolled in all designated co                                                                                                                                                                                                                                  | urses required for taking exam   |          |  |
| Submitted a Plan of Study                                                                                                                                                                                                                                                                      |                                  |          |  |
| Completed the procedure to request that the Graduate Sch                                                                                                                                                                                                                                       | pol appoint a doctoral committee |          |  |
| STUDENT SIGNATURE:                                                                                                                                                                                                                                                                             | DATE:                            |          |  |
| ADVISOR SIGNATURE:                                                                                                                                                                                                                                                                             | DATE:                            |          |  |