

WESTFIELD STATE COLLEGE  
Graduate & Continuing Education  
**COMPREHENSIVE EXAMINATION APPLICATION**  
**THERE IS NO FEE**

EXAMINATION SCHEDULE

The Comprehensive Examination scheduled for Spring 2010 will be given on **Saturday, March 20, 2010** from **9:00 A.M. - 1:00 P.M.** Specific room assignments will be sent approximately a week before the test date. Emergency cancellation date is Saturday, March 27, 2010.

The deadline for students to apply to take the Comprehensive Examination is **March 1, 2010. Please complete this application and return it to the Graduate and Continuing Education Office.**

The date for a general orientation and workshop is Tuesday, February 9, 2010. Exact time and location TBA. **Consult your program coordinators for time, date and location of any program SPECIFIC workshops and consultations.**

Student ID #: A \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS \_\_\_\_\_ CONTACT INFORMATION:  
(Street) \_\_\_\_\_  
\_\_\_\_\_ (phone)  
(City) (State) (Zip) \_\_\_\_\_ (email)

Area of Concentration \_\_\_\_\_ Advisor \_\_\_\_\_

ELIGIBILITY FOR THE COMPREHENSIVE EXAMINATION

Yes \_\_\_ No \_\_\_ I am matriculated into a graduate program and have a Program of Study on file.

Yes \_\_\_ No \_\_\_ I have **completed at least 27 credits**, including all required credits, prior to this application.

Yes \_\_\_ No \_\_\_ I will use a word processor for the exam. One will be assigned to me at the examination site.  
If NO, please submit a written explanation on the reverse side of application or an attached paper.

Yes \_\_\_ No \_\_\_ My contact information on file with the college is the same as above. Please use '\*' above to indicate any changes.

Yes \_\_\_ No \_\_\_ Is this your first comprehensive exam? If NO, is remediation plan on file? Yes \_\_\_ No \_\_\_

To the best of my knowledge the above information is correct. \_\_\_\_\_  
(signature)

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**Office use only:** \_\_\_\_\_ Approved Program of Study on file. \_\_\_\_\_ 27 Graduate credits, or more, completed.  
\_\_\_\_\_ All required courses completed.

Eligible to take the Comprehensive Exams: \_\_\_\_\_  
Yes No

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Academic Advisor Signature (if applicable) Date