



APPLICATION FOR THE COMPREHENSIVE EXAMINATION IN LEADERSHIP PRACTICE FOR THE DEGREE OF DOCTOR OF EDUCATION

This form must be submitted by the student to the office of the Doctoral Program in Education and Organizational Learning and Leadership one month prior to the date of the exam.

PART I. STUDENT

STUDENT NAME _____
Last First Middle

ADDRESS _____
Number and Street City State Zip

PHONE NUMBER _____ SUID# _____

I, _____, believe that I have fulfilled all requirements and am hereby applying to take the comprehensive examination.

Student Signature *Date*

PART II. PROGRAM

There are no "Incomplete" grades listed on the transcripts of the student listed above. The student is in good academic standing. The student has completed _____ quarter units toward the doctoral degree and has a _____ Grade Point Average (GPA).

Based on the completion of all core courses, a satisfactory GPA, and the student's good academic standing, I recommend that the student listed above be allowed to take the qualifying examination.

Ed.D. DIRECTOR: Dr. Colette Taylor

Signature, Ed.D. Director *Date*