

LINDENWOOD UNIVERSITY
School of Sport, Recreation and Exercise Sciences

Application to take Comprehensive Examination

All students in the School of Sport, Recreation and Exercise Sciences must complete this form in order to notify the graduate program and its faculty of your desire to schedule a comprehensive examination. To complete this form, students must communicate with each faculty member they desire to have serve on their comprehensive examination committee and receive their signature to acknowledge their participation in the comprehensive examination process. Once all signatures are obtained, the completed form must be submitted to the Graduate Program Director.

Current Date: _____ University ID Number: _____

Student's Full Name: _____ Current GPA: (on portal): _____

Degree: _____ Area of Concentration (If Applicable): _____

Semester and Year of Taking the Exam: _____

Student Signature: _____ Date: _____

Committee Member: _____

Content Area: Core Elective Topic: _____

Signature: _____ Date: _____

Committee Member: _____

Content Area: Core Elective Topic: _____

Signature: _____ Date: _____

Committee Member: _____

Content Area: Core Elective Topic: _____

Signature: _____ Date: _____

Committee Member: _____

Content Area: Core Elective Topic: _____

Signature: _____ Date: _____

Approval of Program Director: _____ Date: _____