

352 Lafayette Street Salem, MA 01970-5353 978-542-6323 Salemstate.edu/graduate graduate@salemstate.edu

## **Comprehensive Exam Application**

Contact information:						
Name: (last, first, middle, former)			Student ID:			
Mailing address: (street/number)		Apt #		City	State	Zip
Telephone:		E-m	E-mail:			
Indicate your progra	-					
Number of credits ea	rned in your graduate pr	<b>ogram</b> : (You	should consu	It with your prog	ram coordinator about	t when to take the exam.)
	in which you are current	ly enrolled:				
Course Number:	Title:					
I am applying to take	the comprehensive exan					
	Dea	dline for January	applicati	on is Frida	ay, December	27, 2024
Have you taken the c	omprehensive exam at S	alem State hefore	· 🗆 Vas		If yes, when?	)
nave you taken the e	omprenensive exam at o	alem Glate Belore	. 🗀 163	,   INO	ii yes, wileii:	
What is your anticipa	ted month and year of gr	raduation? Month	າ:		Year:	
Along with applying to	take the comprehensive ex	xam, you should be	e aware o	f the follow	ing general po	olicies:
<ul> <li>A student is allow</li> </ul>	owed two attempts to pass	the comprehensive	e examina	ition.*		
	o fails all or part of the exa	m will need to appl	y to retak	e the exan	on the next s	cheduled exam
date.  • Anv registered	student who does not appe	or as schodulad to	taka tha	ovam and	who has not in	oformed the School
	udies in writing of his/her ar					
	ake the exam on the next s					
	notify the School of Gradu					
	and if he or she intends to t					
	en in the form of an email to		jbubier@	salemstate	<u>.edu</u> . Reques	ts to reschedule th
	ldressed on a case by case it the exam content, instruc		tions sho	uld he dire	cted to your pr	ogram coordinator
- Questions abou	at the exam content, mende	and expecta	10110 0110	uia be alle	oted to year pr	ogram ocoramator
<b>-</b>						
Signature:						
Student:				Date s	signed:	

<sup>\*</sup>Salem State Graduate On-Line Course Catalog, 2023-2024