



Comprehensive Exam Application

Please PRINT clearly and complete the application in its entirety.

Requested Exam Date: _____ (see <http://ar.troy.edu/admissions/testingnorfolk.html#comp>)

Degree Program: _____ Concentration: _____

Name: _____ Student ID: _____

Address

Street: _____ City: _____ State: _____ Zip: _____

Phone/Email:

Home: _____ Work: _____ Email: _____

I certify that I have completed all course work for my degree program and met with my faculty advisor. I understand that I will be charged a \$50.00 comprehensive exam fee. I acknowledge that in order to graduate, I must file Intent to Graduate paperwork and pay the applicable fee (\$60.00). I will check with my Troy University Site Coordinator or <http://ar.troy.edu/calendar.html> for due dates.

Student Signature _____ Date _____

Proctored Exams: *If you will not be in the area on the test date due to move or a deployment, you may request to have your exam proctored. Requests will be reviewed on a case by case basis. **Proctors will be contacted and must be approved prior to testing date.** Please complete the following:*

Reason for requesting a proctored exam: _____

Proctor information: It is the responsibility of the student to find an acceptable Proctor*. The Proctor should be someone of high academic standing and MUST accept the responsibility of administering the Comprehensive Exam. The student is also responsible for any fees charged by the Proctor, as well as shipping fees (UPS and/or Priority mail) for the exam.

**Proctors may include:* College/University Academic Professionals, Commercial Testing Centers, Librarians, Education Testing Officers, Secondary School Principals/Vice Principals, Secondary School and College Counselors, Human Resources Training/Education Professionals.

Unapproved Proctors Include: Attorneys, Immediate Supervisors, Student Tutors, Coworkers, Troy University students, and relatives.

Proctor Name: _____ Employer: _____ Title: _____

Mailing address: _____ Phone number: _____

(Physical address for UPS shipping – FPO/APO will be sent via priority mail)

For Office Use Only

Advisor:

Cleared to take the Comprehensive Exam. Missing (list/detail) _____

Advisor initials: _____ Date: _____ Receipt #: _____

Exam coordinator:

Proctor verified Exam Sent (via/date): _____ Final Clearance (if previously pending)