



PhD Comprehensive Examination Registration

Please complete and return this application to ED-CISEgrad@msstate.edu.

This does not register you for graduation. Please see The Graduate School for information pertaining to graduation.

9-digit MSU ID #	Last Name	First Name	Middle Name	NetID
------------------	-----------	------------	-------------	-------

Permanent Mailing Address	City	State	Zip
---------------------------	------	-------	-----

Non-MSU Email: _____

I am eligible to take the comprehensive exam. Yes No
(currently enrolled in min. 1 hour, within last 6 hours of my degree, have min. 3.00 GPA)

I am registering to take the following exam:

Term:	Spring	Summer	Fall
Type:	Oral	Written	
Concentration:	Elementary Educ	Secondary Educ	Special Educ

Date of Exam: _____

Major Professor: _____

Student's Signature: _____

Date: _____