

**Louisiana Education Consortium
Comprehensive Written and Oral Examinations**

Applicants must have completed coursework in the approved program of study and have their Major Professor's consent to apply and qualify to take the examinations. Student should submit this form to the Major Professor during the registration period for the semester/quarter that the examination is requested.

NOTE: Signatures of all committee members are required on SECTION B AFTER oral examinations are completed.

Last Name First Middle

Street Address

City State Zip

Phone - Home Email
CWID Number: _____

Phone - Work Program: [] Curriculum and Instruction Ed. D.
[] Educational Leadership Ed. D.

Phone - Cell Cognate(C & I Only): _____

I herewith request scheduling of my Comprehensive Examination during _____, term 20_____.

Student Signature Date

SECTION A: Schedule Proposed by Major Professor (Return schedule to LEC Program Director)

Major Professor Signature Date

	<u>Date</u>	<u>Time</u>	<u>Location</u>
A. Written Examination	_____	_____	_____
B. Oral Examination	_____	_____	_____

SECTION B: Completion of Written and Oral Comprehensive Exams

NOTE: Signatures below indicate completion of both written and oral examinations.

<u>Printed Name</u>	<u>Institution</u>	<u>Department</u>	<u>Signature</u>	<u>Date</u>
Major Professor	_____	_____	_____	_____
Committee Member, Cognate Area	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
Committee Member	_____	_____	_____	_____
Optional Committee Member	_____	_____	_____	_____

SECTION C: Results/Approval of Comprehensive Examinations (after oral examination): [] Pass [] Fail

LEC Program Director (*Signature*) Date

Graduate School (*Signature*) Date

LEC Governing Board (*Signature*) Date