Louisiana Education Consortium
Comprehensive Written and Oral Examinations

Form F
Appendix A

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 are required after oral examinations are completed.

Last Name First Middle

Street Address

City State Zip

Phone - Home Email

Social Security Number: _____

Phone - Work

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

Phone - Cell

Cognate(s): _____

_____

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

Student Signature Date

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

	Date	Time	Location
A. Written Examination	_____	_____	_____
B. Oral Examination	_____	_____	_____

NOTE: Signatures below indicate written and oral examinations are completed.

Printed Name	Institution	Department	Signature	Date
_____ Major Professor	_____	_____	_____	_____
_____ Committee Member, Cognate Area	_____	_____	_____	_____
_____ Committee Member	_____	_____	_____	_____
_____ Committee Member	_____	_____	_____	_____
_____ Optional Committee Member	_____	_____	_____	_____

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

_____ _____
LEC Program Director (*Signature*) Date

_____ _____
Graduate School (*Signature*) Date

_____ _____
LEC Governing Board (Signature) Date

(Major Professor, please forward approved copies to: Student, Department Chair, LEC Program Director, College Dean, Graduate School, and LEC Governing Board.)