UTSA Department of Health and Kinesiology

Comprehensive Exam Application

SUMMER 2010

Deadline for submitting this application is **15 June 2010**. Submit this form to Jessica Craig, MB 3.462. *Late or incomplete forms will not be accepted. Incomplete forms will be returned to the student.*

The comprehensive exam will be held on **Saturday, 17 July, from 9:00 A.M.-12:00 P.M.** in **MB 0.330 (COEHD Computer Lab)**. Students will be notified of their results by UTSA e-mail and regular mail.

Name: ______________________________________ Banner ID: _@__________________________

Degree (MA/EDU/KHPR or MS/HKN): __________________________________________________

Check the following requirements:

1. Registered for EDU 6961, Comprehensive Exam, IF TAKING NO OTHER COURSES ☐
2. Currently in good academic standing (GPA of 3.0 or higher) ☐
3. Have completed all required core courses ☐
4. Have degree plan on file (Met with advisor and signed program of study) ☐
5. Have applied for graduation (Students apply for graduation via ASAP. Students who applied for graduation in any given term, but did not graduate in that term, must reapply for graduation.) ☐

PLEASE FILL OUT THE REQUIRED INFORMATION BELOW:

1. Course name/number: ________________________________________________________________
   Course Title: _______________________________________________________________________
   Instructor: _______________________________ Instructor’s Signature: _________________________

2. Course name/number: ________________________________________________________________
   Course Title: _______________________________________________________________________
   Instructor: _______________________________ Instructor’s Signature: _________________________

3. Course name/number: ________________________________________________________________
   Course Title: _______________________________________________________________________
   Instructor: _______________________________ Instructor’s Signature: _________________________

   Student’s Signature: _______________________________ Date: _______________________
   Advisor’s Signature: _______________________________ Date: ______________________