

COMPREHENSIVE EXAMINATION APPLICATION

Note: This form must be completed by the student and advisor and submitted to the PhD Program Director 14 days prior to the scheduled examination time.

Student name: _____

Date _____

Examination date: _____

I the table below, indicate the semester/academic year you completed the courses pre-requisite for the Comprehensive Examination.

Course # and Title	Semester/Year Completed	Grade	FA Initials*
Nur700 History of Nursing Science & Philosophy			
Nur710 Quantitative Methods in Nursing			
Nur716 Intermediate Statistics			
Nur730 Qualitative Methods in Nursing Research			
Nur775 Measurement in Health Research			
Nur820 Emerging Nursing Theory			

Student Signature: _____

Date _____

Advisor Signature: _____

Date _____

PhD Program Director Signature: _____

Date _____

*If the student is currently in the course, the professor of record will initial if the student is currently passing the course.

Students must pass the entire comprehensive exam in order to progress in the PhD program