East Tennessee State University
WRITTEN COMPREHENSIVE QUALIFYING
EXAMINATION APPLICATION
PhD Degree Program for ECED

Name: _________________________________________

_____________________________________________  Address

_____________________________________________

City    State    Zip Code

Phone: ____________  ____________  ____________  
(Home)  (Work)  (Cell)

E-mail: ___________________________  E#: ______

Semester Taking Examination:
Fall 20__  Spring 20__

I understand that I will be using a university computer to complete the comprehensive exam. I understand my exam should be expressed in-depth, elaborating with thoughtfully-selected factual information and references from the relevant literature. At the conclusion of each session of the two-day (8 hours/day) written exam, I will turn in the exam to the proctor who will collect each document on a flash drive and will remove each document from the provided laptop.

Signature

Date