



GSEHD

COMPREHENSIVE EXAMINATION SPECIAL SITTING REQUEST

Please Note: This form will only be accepted with advisor approval, at least 2 weeks in advance of the date requested, and if an online comprehensive examination application was submitted by the deadline.

To: Senior Associate Dean

From: _____, Candidate

Address: _____

Email: _____ Telephone: _____

GW I.D. Number: _____

Permission is requested to take a:

- Post-Master's Certificate Comprehensive Examination
- M.A. Comprehensive Examination
- M.Ed. Comprehensive Examination
- Ed.S. Comprehensive Examination
- Ed.D. Comprehensive Examination
- Ph.D. Comprehensive Examination

in the field of _____

beginning at _____ on _____
(Time) (Date Requested)

My reason for requesting this special sitting is:

Approved:

I recommend approval of this request for a special administration of the comprehensive examination. I will submit a copy of the examination at least one week prior to the examination date to the Office of the Student Services to be placed in the student's file. I will make arrangements to have the agreed upon examination location open on the requested examination date and available to the candidate during the scheduled hours of the examination. Either another approved proctor or I will administer the examination. If an approved proctor is giving the examination, I will provide them with a copy of the examination.

(Faculty Advisor)

(Date)

(If applicable: Proctor Name)

(If applicable: Proctor Phone & Email)