Request for Comprehensive Exams

Department of Communication Studies

Name:	Date:			
E#:	_ Email:			
When are you requesting your exams:	SPRING	FALL	Year:	
Please indicate which classes you've take	en in your core	and concer	ntration area:	
Core Question:				
CMN 5020 Instructor:				
CMN 5040 Instructor:				
Concentration Question:				
Concentration Class #1:		Instructor	:	
Concentration Class #2:		Instructor	:	
Concentration Class #3:		Instructor	:	
Concentration Class #4:		Instructor	:	
Concentration Class #5:		Instructor	:	
Concentration Class #6:		Instructor	:	
Student			Date	
Graduate Coordi	nator			