

School of Nursing
Virginia Commonwealth University

PhD Comprehensive Examination Request Form

Student Request

I, _____, will complete all required doctoral courses at the end of the _____ semester, 20__ and request to take the comprehensive examination at a time scheduled at the next testing date (February, June/July or September/October – circle one). I understand that I must take the examination at the first testing date offered and no earlier than six weeks after completion of course work.

Signature of student _____ Date _____

Advisor Approval and Verification

The following PhD student, _____ has satisfactorily completed all required courses for the doctoral degree as included in the curriculum plan for the year that the student was admitted and is ready to take the PhD comprehensive examination.

Signature of Advisor _____ Date _____

Student must submit the completed request form to the Office of the Associate Dean for Doctoral Program and Research.

Approval of Request and Assignment of Testing Date

_____ has been certified as eligible to take the comprehensive examination at the next scheduled testing period.

Dates of the examination: _____

Signature of Associate Dean _____ Date _____