Notification to Take Written Comprehensive Exams

Applied Statistics and Research Methods

Instructions: Complete **Section 1** of this form, then send to your committee chair to complete Section 2 and file.

NOTE: Per Graduate School policy, you must have completed and submitted your **Plan of Study** form and your **Dissertation Committee Appointment** form prior to completing this form.

SECTION 1: To Be Completed by the Student

Name: _____ **Bear Number:** _____

Concentration: ---- Select ---

Committee Chair: _____

Exam Year: _____ **Exam Term:** --- Select ---

NOTE: Applied Statistics students must select two elective courses. Research Methods students must select one elective course.

Elective Course 1: --- Select ---

Elective Course 2: --- Select ---

For Research Methods students only.

--- Select ---

All students must confirm the following:

- ◯ I have read and understand the ASRM Comprehensive Exam Policy Manual.
- ◯ I have completed and submitted a Plan of Study.
- ◯ I have completed and submitted a Dissertation Committee Appointment form.
- ◯ I have completed the courses that will be emphasized in my ASRM Comprehensive Exam.

Signature: _____ **Date:** _____

SECTION 2: To Be Completed by the Committee Chair

The advisor confirms the following:

- ◯ The student has been granted regular admission to ASRM.
- ◯ The PhD student has completed or is enrolled in at least 36 hours of departmentally designated course requirements, with at least 24 completed through the main campus.
- ◯ The student has maintained a GPA of at least 3.0.
- ◯ The student has completed and submitted a Plan of Study.
- ◯ The student has completed and submitted a Dissertation Committee Appointment form.

Committee Chair: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Note to the Committee Chair:

This report is to be added to the student's file and shared with the ASRM director of written comprehensive exams.