



UNIVERSITY OF ARKANSAS

Higher Education Master's (M.Ed.) Comprehensive Exam Application University of Arkansas

Name: _____

UARK ID#: _____

Address: _____

Cell: (____) _____

Email: _____

CSD Accommodation Needed: Yes No
(If yes, submit required documentation)

Comprehensive Exam Semester: _____ Comprehensive Exam Year: _____

Anticipated Graduation Date: _____

Advisor Name: _____

Student: Please type or sign your name below to acknowledge that you are registering for comprehensive exams in your last semester of coursework OR within six hours of completing degree requirements, and that you will abide by all related policies, including the Honor Code.

Name: _____ Date: _____

Return completed application to Dr. John Murry via email at jmurry@uark.edu