

**REQUEST TO TAKE MASTER'S IN  
GERONTOLOGY COMPREHENSIVE EXAM**  
**To be completed and submitted by the 10<sup>th</sup> day of  
the semester in which the student plans to take  
the exam**

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Semester /year you plan to graduate: \_\_\_\_\_

Semester/year you are requesting to take exam: \_\_\_\_\_

Will you be in your final semester of your master's program? \_\_\_\_\_

List courses  
completed

Courses you  
are taking this  
semester

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List courses you **WILL** be taking during the semester you plan to take Comps.

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**The courses which the student has taken, listed above, have been verified by:**

Name of advisor: \_\_\_\_\_ Advisor's signature: \_\_\_\_\_

M.A. in Gerontology Program Coordinator's signature \_\_\_\_\_

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please indicate one of the following choices by checking:*

\_\_\_\_\_ I will take the exam on a computer.

**OR**

\_\_\_\_\_ I will write the exam and have it typed.

**PLEASE SUBMIT TO:**

**Dr. Jeanne Snyder, Coordinator  
M.A. in Gerontology Program  
School of Family and Consumer Sciences  
Eastern Illinois University  
Charleston, IL 61920**