MS in Applied Exercise and Health Science

Comprehensive Written Exam Form

Instructions: By filling out this form, you are declaring your intention to take the Comprehensive Written Exam during the semester in which you submit the form. The form must be submitted to the Graduate Program Coordinator prior to the fourth week of the semester. The Comprehensive Written Exam will be given at a specified date and time.

Graduate Candidate: Click here to enter text.

E-mail address where you want information regarding the Comprehensive Written Exam to be delivered: Click here to enter text.

Graduate Faculty Supervisor: Click here to enter text.

Capstone Option: Click here to enter text.

Required Courses

Research Methods (list instructor): Click here to enter text.

Epidemiology (list instructor): Click here to enter text.

Elective Courses (Select four)

Courses and Instructor: Click here to enter text.

Courses and Instructor: Click here to enter text.

Courses and Instructor: Click here to enter text.

Courses and Instructor: Click here to enter text.

Graduate Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Graduate Program Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Date: \_\_\_\_\_\_\_\_\_