



# Minot State UNIVERSITY

## Graduate School

## ORAL COMPREHENSIVE EXAMINATIONS NOTIFICATION

Graduate students required to complete an oral comprehensive examination are responsible for submitting this notification to the Graduate School one week prior to the scheduled comprehensive examination.

NAME \_\_\_\_\_ ID# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please check the Graduate degree to be conferred in:

- |   |  |
|---|--|
| <input type="checkbox"/> MAT: Mathematics                             | <input type="checkbox"/> MS Communication Disorders (SLP)                    |
| <input type="checkbox"/> MS Special Education (Education of the Deaf) | <input type="checkbox"/> Ed. S: School Psychology                            |
| <input type="checkbox"/> MS Special Education (Early Childhood)       | <input type="checkbox"/> MS Special Education (Severe Multiple Handicaps)    |
| <input type="checkbox"/> MS Special Education (Learning Disabilities) | <input type="checkbox"/> MS Special Education (Special Education Strategist) |

**CIRCLE** semester and (fill in year) all course work, practicum hours, and exams/thesis will be complete.

FALL \_\_\_\_\_ yr.      SPRING \_\_\_\_\_ yr.      SUMMER \_\_\_\_\_ yr.

**This is to notify the Graduate School that I have scheduled my Oral Comprehensive Examination, which will be held:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Place/Room \_\_\_\_\_

I have secured the room and have contacted the following people who serve as my Graduate Committee and they have agreed to the above date and time:

_____	_____
_____	_____