

**Comprehensive Examination Request**

*Graduate and Continuing Education  
Bridgewater State College  
Bridgewater, Massachusetts 02325*

**PLEASE NOTE:** This form is not required of students in the following programs:

- Master of Science in Criminal Justice
- Master of Science in Management (MSM)
- Master of Social Work (MSW)

It is the graduate student's responsibility to see that this form is completed and filed with the Graduate and Continuing Education Office no later than October 1 for Fall exams and February 1 for Spring exams. At the time that this form is submitted, all students must pay a Comprehensive Examination Fee as indicated below. ***Check should be made payable to Bridgewater State College.***

Master's degree comprehensive examination fee: \$60.00  
C.A.G.S. comprehensive examination: \$75.00  
**CHECK MUST ACCOMPANY THIS FORM**

In accordance with the policy set forth in the current college catalog, I am eligible to take the Comprehensive Examination in the following graduate program:

Degree: \_\_\_\_\_

Area: \_\_\_\_\_

I am requesting to schedule this examination (please check one of the following):

\_\_\_\_\_ FALL                      \_\_\_\_\_ SPRING

Name of Student: \_\_\_\_\_

(Print)

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

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature of Student

I certify that the above student is eligible to take the Comprehensive Examination as requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Coordinator