



**APPLICATION FOR
MASTER'S COMPREHENSIVE EXAMINATION**
Speech-Language Pathology
UNIVERSITY OF NEBRASKA-LINCOLN

Name: _____ UNL I.D.#: _____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: (____) _____ E-Mail Address: _____

What semester and year do you plan to take comps: _____ Fall _____ Spring _____ Summer _____ Yr

What semester and year do you plan to graduate: _____ Fall _____ Spring _____ Summer _____ Yr

Which testing format do you prefer: _____ Written exam; (____ hand-written or _____ typed on computer)
Check one
_____ Oral exam (can only be completed at Barkley)

If you are choosing a Written Exam, where will you be taking the test? _____ Barkley Center _____ Off-site

****Please note that if you choose to take your exam off-site, you will need
to complete the *Proctor Authorization Form*****

Student's Signature

Date