

California State University, Los Angeles
Office of Graduate Studies and Research

Application for Comprehensive Examination

(for students with coursework from two or more colleges)

Name _____ CIN _____
 (Last) (First) (Middle)

Address _____ Phone (Home) _____

City _____ Zip Code _____ (Work) _____

E-mail Address _____

Advanced to Candidacy “G3”: Yes No (Taken the WPE and completed all courses. Students with outstanding “IN” are not eligible.)

Quarter in which you wish to enroll in the examination: _____

Please list the courses which you have completed from your approved Master’s Program.

Course Prefix & Number	Currently Enrolled	Quarter Completed	Grade

Student’s Signature: _____ Date: _____

Program Adviser’s Signature: _____ Date: _____