

EDLD Core Comprehensive Comps Registration Form (Ph.D. Students)

DATE: _____

TO: EDLD Core Comprehensive Examination Committee

FROM: _____ E-mail _____

ADDRESS: _____ PHONE: _____
Street City State Zip

Please note that by completing and returning this form, you are indicating that you understand the criteria required to sit for the Comprehensive Exam, and that all information provided in this form is accurate.

1. I hereby declare my intention to take the Educational Leadership Comprehensive Examination on _____ (date).
2. I am enrolled in the following concentration in the Ph.D. in Educational Leadership Program doctoral (check one):
 - i. Higher Education _____
 - ii. K-12 _____
 - iii. Career Technical Education _____
 - iv. Organizational Analysis _____
3. ____, Yes, I have an approved program of study on file with the department (that has been signed by your adviser and department chair). If not, explain:

4. ____, Yes, as a Ph.D. student, I have successfully completed (with the grade of a "C" or better): EDLD 6020 (or EDLD 6710 for HE students), 6060, 6090, and EMR 6450, 6480, and 6550 (or EMR 6650). (Note: for EMR 6550 or EMR 6650 you must either have successfully completed or be enrolled in it currently). If not, explain:

5. ____, Yes, I am in good academic standing, as demonstrated by having a minimum grade point average of at least 3.0 for all courses completed at WMU as part of my doctoral program
6. I have previously taken the Core Comprehensive exam _____ times.

Return at least 3 weeks prior to the requested testing date to:

Linda Walters, Department of Educational Leadership, Research and Technology
1903 Western Michigan University,
Kalamazoo, MI 49008-5276
Or drop off at 3571 Sangren Hall
Or fax: (269) 387-3696
Or e-mail to: linda.walters@wmich.edu

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