

**EDLD Comprehensive Examination Registration
Form (Rev. August 2022)**

NAME: _____ E-mail _____

WIN #: _____ PHONE: _____

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. You must have your advisor's signature, indicating their approval for you to sit for the exam.

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 EDLD Program (check one):

_____ Higher Education

_____ Organizational Analysis

_____ K-12

_____ Workforce Education & Development
3. I was officially admitted and enrolled in the EDLD program:

a. _____ prior to Summer/Fall 2018

b. _____ beginning or after Summer/Fall 2018
4. _____ Yes, I have an approved program of study on file with the department (that has been signed by my adviser and department chair). NOTE: If not, please check with your advisor
5. _____ For students **admitted prior to Fall 2018**: 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 6650. (Note: for EMR 6650 you must either have successfully completed or be enrolled in it currently).

_____ For students **admitted for Fall 2018 and after**: I have successfully completed (with the grade of a "C" or better): EDLD 6861, 6060, 6090, and EMR 6450, 6480, as well as a minimum of two subject content courses as approved by my advisor. Additionally, I have successfully completed or am concurrently enrolled in EDLD 6862, and EMR 6650 and 6580.
6. _____ 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
7. I have previously taken the Core Comprehensive exam _____ times.
8. Advisor Signature: _____

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

Ben Holland, Administrative Assistant, ELRT Department
269-387-3894

E-mail completed form to: benjamin.w.holland@wmich.edu