

To complete this form, do one of the following:
 1. Print and fill out by hand, then mail to the Office of Graduate Studies,
 Winona State University, Box 5838, Winona, MN 55987, OR
 2. Type directly on this form, then download the form and attach to an
 email to: pcichosz@winona.edu



NOTIFICATION OF INTENT TO TAKE COMPREHENSIVE EXAMINATION

Semester you intend to take _____
 the Comprehensive Examination _____

NOTE: You must have completed all course work or be enrolled in your last course(s) to be eligible for the examination (exception; thesis). Please make sure that all transcripts of transfer work have been submitted and all incomplete grades removed.

List all course(s) you will be enrolled in the semester you intend to take the comprehensive examination.

COURSE NUMBER	COURSE TITLE	CREDITS	SEM AND YEAR

Name _____ Warrior I.D. _____

Address _____ Home Phone _____

_____ Work Phone _____

Major _____ Advisor _____

E-mail address _____



SUBMIT FORM BY: FOR EXAM DATE*

- | | |
|-------------|-----------------|
| Mid July | Fall Semester |
| Mid October | Spring Semester |
| Mid March | Summer |

*** Your department will notify you of the date, time, and location of the examination**