



UNIVERSITY OF CENTRAL FLORIDA
**COLLEGE OF EDUCATION
AND HUMAN PERFORMANCE**

DOCTORAL COMPREHENSIVE EXAMINATION APPLICATION

Date of Exam _____ PID _____

Name _____ Phone _____

Knights Email _____

Specialization Area _____

PLEASE SELECT THE EXAM(S) YOU WILL BE TAKING:

PH.D. EDUCATION

_____ Written

_____ Oral

ED.D. EDUCATIONAL LEADERSHIP

_____ Core Exam (5 hours)

_____ Specialization Exam (3 hours)

_____ Research Exam (take home) or Research Competency Confirmation

Applicant Signature Date

Advisor Signature Date

Doctoral Program Coordinator Date

<p>Advisor Notes:</p>

Submit your completed application to the Graduate Student Affairs Office, ED 115 by the deadline. Note: your advisor or program coordinator may want to see your most recent program of study before signing your application.