

East Tennessee State University
**WRITTEN COMPREHENSIVE QUALIFYING
EXAMINATION APPLICATION**
PhD Degree Program for ECED

Name: _____

Address

City State Zip Code

Phone: _____

(Home)

(Work)

(Cell)

E-mail: _____ E#: _____

Semester Taking Examination:

Fall 20____

Spring 20_

I understand that I will be using a university computer to complete the comprehensive exam. I understand my exam should be expressed in-depth, elaborating with thoughtfully-selected factual information and references from the relevant literature. **At the conclusion of each session of the two-day (8 hours/day) written exam, I will turn in the exam to the proctor who will collect each document on a flash drive and will remove each document from the provided laptop.**

Signature

Date