

Please Return to: Once approved, please submit as an email attachment to tinisha Hollinshead or deliver to Orovitz Building, Room 311

## MASTER'S / SPECIALIST STUDENT

## KINESIOLOGY & SPORT SCIENCES

Comprehensive Exam Application

Revised: 08/2013

**NOTE:** Completed application for the exam must be received in the Sr. Associate Dean's Office. If you have any further questions please contact Tinisha Hollinshead at 305 284 2102.

L	JMID:	Major:
Ν	lame:	Phone Number:
L	ocal Address:	_
N	/lailing Address:	
Е	Email Address:	
Pleas	se read carefully BEFORE signing:	
1.	I certify that I will have completed my coursework or am enrolled in my last 6-9 credits.	
2.	I certify that I have applied or will apply for graduation.	
3.	I certify that I have submitted my Program evaluation form.	
4.	Students requesting accommodations because of a disability are required to go through Accessibility	
	Resources (305-284-4010 ) to document their d	isability. Once the disability is documented, the
	department and the student need to facilitate ma	aking the arrangements.
5.	5. Would you prefer to take your exam by computer? (Limited to availability of computers.)  NOTE: You must have proficient computer skills. Assistance WILL NOT be available.	
	Yes	No
	Student's Signature	
	Program Advisor	