



Adventist International Institute
of Advanced Studies
Graduate School and Seminary
Graduate School
Education Department

Comprehensive Exam Application Form

Name: _____ **Date:** _____

Email address: _____ **Contact #:** _____

Modality: _____ On Campus _____ Cohort _____ Online

Degree: _____ MA _____ PhD

Emphasis/Specialization

- Curriculum & Instruction Educational Administration
 TESOL

Cognate:

- Curriculum & Instruction Educational Administration
 TESOL Other _____

Date of Comprehensive Exam: _____

Academic Advisor: _____
(Signature over printed name)

Education Department Chairperson: _____
(Signature over printed name)

Received comprehensive packet:

- Policies and Guidelines
 Preparation Document
 Comps Exam Rubric
 Comps Exam Instruction-Zoom