

Students wishing to enroll in a Masters Comprehensive Exam must complete this registration form. Upon receipt of a faculty signature, the form must be returned to the departmental office (SC 136). Failure to adhere to this procedure may delay receiving a grade

Please Print

DATE: _____

STUDENT NAME _____ STUDENT Number Z _____

FAU email address: _____@fau.edu Phone Number: _____

PRIMARY CAMPUS (indicate one): Boca) _____ Davie) _____ Jupiter) _____ Harbor Branch) _____ PSL) _____

SEMESTER OF EXAM: Please check semester and course section:

FALL) _____ Spring) _____ Summer: 1 (c) _____

COURSE SECTION:

BSC 6962 Masters Comprehensive Exam CRN# _____ Total credit: 1

Attach copy of approval email for completed information below.

Exam 1- Content Area: _____
Committee Member Name: _____
Exam date: _____
Format _____ closed-book _____ open-book
Time Restrictions: _____

Exam 2- Content Area: _____
Committee Member Name: _____
Exam date: _____
Format _____ closed-book _____ open-book
Time Restrictions: _____

Exam 3- Content Area: _____
Committee Member Name: _____
Exam date: _____
Format _____ closed-book _____ open-book
Time Restrictions: _____

To registrar, above information must be approved by Dr. Brooks

Dr. Brooks Signature and Date: _____

STUDENT SIGNATURE _____

By Signing, you authorize the Biology Office Staff to register you for these credits and that you are responsible for any associated fees incurred

Student notified on: ____ / ____ / ____ by: _____ Notification by: E-Mail Phone in person.