

# APPLICATION FOR COMPREHENSIVES

STUDENT NAME \_\_\_\_\_ CAMPUS ID \_\_\_\_\_

LLC ADVISOR \_\_\_\_\_

LLC ADVISOR SIGNATURE \_\_\_\_\_

DISSERTATION MENTOR \_\_\_\_\_

2<sup>ND</sup> READER \_\_\_\_\_

BEGIN DATE \_\_\_\_\_ EXPECTED DATE OF COMPLETION \_\_\_\_\_  
(3 MONTHS MAXIMUM)

QUESTION 1:

QUESTION 2: