

## Application for the Master's Comprehensive Exam

Semester/Year: \_\_\_\_\_

Name: Mr. /Ms. \_\_\_\_\_

SSN: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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MA Candidate: Literature/Creative Writing/Rhetoric \_\_\_\_\_

Technical Writing \_\_\_\_\_

Linguistics \_\_\_\_\_

ESL \_\_\_\_\_

Do you wish to use a word processor to take this exam? YES / NO

Check preferences: Microsoft Word \_\_\_\_\_ FrameMaker \_\_\_\_\_

Have you taken the MA Comprehensive Exam before? YES / NO

If so, when? \_\_\_\_\_

Return this form to: Sara Dammann  
Graduate Studies in English  
AB 116