Northern Illinois University, College of Health & Human Sciences School of Family and Consumer Sciences Applied Human Development and Family Sciences

REQUEST TO TAKE MASTER'S COMPREHENSIVE EXAM IN APPLIED HUMAN DEVELOPMENT AND FAMILY SCIENCES

To the Student: You must complete both pages of this application, have it signed by your advisor, and submit it to the FACS Graduate Secretary in order to take the Master's Comprehensive Examination in AHDFS (including the specialization in MFT). Submit your request by April 1st in order to request the Fall examination date, or by October 1 in order to request the Spring examination date. Furthermore, in order to take the exam on the assigned Friday, students must be enrolled in at least one (1) graduate credit hour of coursework (e.g., an independent study no grade) and have paid the exam fee. If you want to change from taking the comprehensive examination, you need to inform the area coordinator via email by May 22 for the fall comprehensive exams and by November 22 for the spring comprehensive exams.

Name	Preferred Email Address
Z II	Major: AHDFS SMFT
Permanent Street Address	
Permanent City	Permanent State Permanent Zip
Primary Phone	Secondary Phone
Semester/Year you plan to graduate:	
Semester/Year you are requesting to take example.	m:
Will you be in your final semester of your ma	aster's program?
List courses completed:	List the courses you are taking this semester:
List courses you WILL be taking during the s If you have finished your coursework, see yo	
The courses which the student has taken, liste	ed above, have been verified by:
Advisor's name	Advisor's Signature
understand that I cannot change the topics li ubmitted this form. I have read the AHDFS	isted on the other side, without written permission, once I have "Comprehensive Examination Policy."
Student's Name	 Date

Name	Z ID
roposed topics for your GENERAL question (Please refer to the	e AHDFS/SMF1 Comprehensive Examination General Question)
Please mark Topic: Sub-Topic, i.e. Parenting:Transition)	
1)	
2)	
roposed topic for your SPECIAL question:	
****************	*******
For AHDFS students:	
The following AHDFS faculty member has agreed to	to write my SPECIAL question:
Professor's name	
Professor's signature	Date
For SMFT students (Check one):	
I am planning to take the SMFT SPECIAL	Yes No
***********	******
Symiting a thesis misses may ide the title of years thesis.	
f writing a thesis, please provide the title of your thesis:	
PLEASE SUBMIT TO:	For Office Use Only:
Northern Illinois University	For Office ose Offiy.
School of Family and Consumer Sciences	
DeKalb, IL 60115 Attn.: FACS Graduate Secretary	
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Note: Approximately one (1) month after the application	cation deadline you will be notified regarding
approval/disapproval of your application and topics.	

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