



Office of Graduate Studies
 212 Koch Hall
 Norfolk, VA 23529
 Phone: 757-683-4885
 Fax: 757-683-3004

Request for Permission to take the Master's Examination

1. REQUEST:

I hereby request permission to take the Master's Comprehensive Examination for the

_____ (Title of degree program)

_____ (Date)

I certify that I am registered for at least one credit hour during the semester in which the examination will be given. I certify that I have properly disclosed all intellectual property (e.g. patentable inventions or copyrightable work) to the Office of Research.

Signature of Student

UIN

2. APPROVAL:

Chair/Advisor

(Date)

Committee Members:

(Date)

(Date)

(Date)

(Date)

Graduate Program Director (Date)

Department Chair (Date)

Original: Graduate Program Director
 Copy: Office of Graduate Studies
 Copy: Student
 Chair/Advisor
 Master's Examination Committee Members

Form 23
(Rev. 1/06)