

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 ID

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 exam: _____

Will you be in your final semester of your master's program? _____

List courses completed:

List courses you are taking this semester:

List courses you WILL be taking during the semester you plan to take the Comps Exam:
(If you have finished your coursework, see your advisor to enroll in 1 credit hour (audit) of HDFS 701)

The courses which the student has taken, listed above, have been verified by:

Advisor

Advisor's Signature

I understand that I cannot change the topics listed on the other side, without written permission, once I have submitted this form. I have read the AHDFS "Comprehensive Examination Policy."

Student's Signature

Date

PLEASE TURN OVER AND COMPLETE OTHER SIDE

Name _____

Z ID _____

Proposed topics for your GENERAL question (Please refer to the AHDFS/SMFT Comprehensive Examination General Question

(Please mark Topic: Sub-Topic, i.e. Parenting:Transition)

#1) _____

#2) _____

Proposed topic for your SPECIAL question:

For AHDES students:

The following AHDFS faculty member has agreed to write my SPECIAL

Professor's name

Professor's signature

Date

For SMFT students (Check one):

I am planning to take the SMFT SPECIAL question: Yes No

If writing a thesis, please provide the title of your thesis:

PLEASE SUBMIT **WITH \$20 FEE** TO:

Northern Illinois University
School of Family and Consumer Sciences
DeKalb, IL 60115
Attn.: FACS Graduate Secretary

Make your check payable to NIU.

For Office Use Only:

Paid: \$ 20

Yes No

(Initial)

Note: Approximately one (1) month after the application deadline, you will be notified regarding approval/disapproval of your application and topics. Your check will be returned if you are denied approval to take Comps.