

**Northern Illinois University, College of Health & Human Sciences
School of Family, Consumer, & Nutrition Sciences
Applied Family and Child Studies**

REQUEST TO TAKE MASTER'S COMPREHENSIVE EXAM IN AFCS

To the Student:

You must complete both sides of this application, have it signed by your advisor, and submit it to the Family & Child Studies area secretary in order to take the Master's Comprehensive Examination in AFCS (including the Specialization in MFT). *Submit your request by April 15th in order to request the Fall examination date, or by October 15th 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 1 graduate credit hour of coursework (e.g., an independent study-no grade) and have paid the exam fee.

Today's date: _____

Your name: _____ e-mail address: _____

Address _____

_____ Zip _____

Phone: Home (____) _____ Work (____) _____

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

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 FCNS 701).

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

Name of 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 AFCS "Comprehensive Examination Policy."

Student signature: _____ Date: _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE

Z I.D. _____

Proposed topic for your GENERAL question: Your question must come from the attached list.

Proposed topic for your SPECIAL question (or write waive if a non-SMFT student writing a thesis):

My special question will be written by: (name of AFCS graduate faculty **who has agreed** to write it. If you are planning to take the SMFT special question, indicate by writing "SMFT")

(professor's name)

(professor's signature)

(Date)

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

PLEASE SUBMIT TO:

James Pfister
Wirtz 118
School of Family, Consumer, & Nutrition Sciences
Northern Illinois University
DeKalb, IL 60115

****with a check for \$20 made out to NIU**

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