

**GEORGIA STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SCIENCES
BYRDINE F. LEWIS SCHOOL OF NURSING**

**Ph.D. PROGRAM IN NURSING
APPLICATION FOR WRITING COMPREHENSIVE EXAMINATIONS**

TO: _____
Associate Director, Graduate Programs in Nursing _____ Date _____

FROM: _____
Doctoral Student _____ Date _____

I wish to write the Doctoral Comprehensive Examinations on _____
DATE(S)

I have completed or plan to complete course work _____

Student's Signature _____ Date _____

Signatures below indicate receipt of the above request.

Major Advisor _____ Date _____

Associate Director, Graduate Programs in Nursing _____ Date _____