The Graduate School  
Drew University  

**COMPREHENSIVE EXAMINATIONS PETITION**

Name: ___________________________    Date submitted: ________________

Campus mailbox: ________    Phone Number: _________________

**AREA:**

____ English Literature

____ Modern History & Literature

I petition to sit for comprehensive examinations in:

*January_____  April _____  August ____  November _____  Year: 20 ____________*  

(Examing periods)

Students are expected to notify the dean of the Graduate School two months in advance of any change or postponement of these plans.

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<tr>
<th>Examination subjects</th>
<th>Length:</th>
<th>Exam Period</th>
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Adviser's approval: _____________________________________ Date: ____________

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**AREA ACTION**

Language requirements: French: ____  German: ____  Other: ________________

Residence requirements satisfied: ________________________________________

_____ Approved  

_____ Not Approved (reasons indicated on back of petition)

Convener: _____________________________________ Date: ____________

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**COMMITTEE ON ACADEMIC STANDING**

_____ Approved  

_____ Not approved (reasons indicated on back of petition)

Chairman: _____________________________________ Date: ____________

When all approvals are given, copies to:  
Area Convener, Student
COMPREHENSIVE EXAMINATIONS PETITION

Name: ___________________________ Date submitted: ______________

Campus mailbox: _______ Phone Number: _________________

AREA: ________________________
I petition to sit for comprehensive examinations in:

January _____ April _____ August _____ November _____ Year: 20 ________
(Examining periods)

Students are expected to notify the dean of the Graduate School two months in advance of any change or postponement of these plans.

Examination subjects: Length: 1st Reader/Drafter 2nd Reader

1. _____________________________ ____ hrs ______________ _____________

________________________________

________________________________

2. _____________________________ ____ hrs _______________ ______________

________________________________

________________________________

3. _____________________________ ____ hrs _______________ ________________

________________________________

________________________________

4. _____________________________ ____ hrs _______________ ________________

________________________________

________________________________

Please return the petition and the assignment form to the Caspersen School office.