

APPLICATION FOR COMPREHENSIVE EXAMINATION
M. ED. IN SPORT MANAGEMENT
Wellness and Sport Sciences Department

Name _____ Date _____
Current Phone _____
Preferred E-Mail _____ MU# _____
Work E- Mail _____ Campus E-Mail _____
Area of Concentration (please check): Athletic Coaching Athletic Management

A student in the non-thesis M. Ed. degree program may apply for permission to take the comprehensive examination when he/she has (please check):

- a. been admitted to Degree Candidacy
- b. acquired a 3.0 (B) grade point average or higher
- c. currently enrolled in or has completed all REQUIRED Sport Management courses
- d. the consent of the advisor

IMPORTANT: I have completed _____ graduate credits

Optional Desire2Learn Study Group:

Preparation for the comprehensive examination is a lengthy process, typically requiring at least an entire semester. You might wish to contact other students and form a study group to help you prepare for the comprehensive examination. If you wish to be connected, via Desire2Learn (D2L), with other students preparing for the comprehensive examinations, then check the appropriate box below and you will be added as a D2L user for the comprehensive examination study group. Please note: this is being provided as a service to students; however, it is completely up to you as a student to initiate work with other students as the Department of Wellness and Sport Sciences (WSSD) faculty will not be involved. Furthermore, please note that participation in a study group does not guarantee success on the examinations. Lastly, the WSSD reserve the right to discontinue access to the D2L site at any time.

- By checking this box, I verify that I would like to be added as a D2L user for the comprehensive examination study group.
- By checking this box, I hereby request permission to take the Comprehensive Examination on _____.
- By checking this box I verify that I understand that the examination will consist of five (5) comprehensive questions related to the emphasis areas.

When the above information is complete and accurate to the best of your knowledge, please send form to Dr. Julie Lombardi at least six (6) weeks prior to the scheduled examination.

To be completed by Faculty Advisor:

I _____ approve _____ disapprove the above named candidate who is my advisee, to take the comprehensive examination according to the requirements of the graduate school and the Department of Wellness and Sport Sciences. Advisor's Signature: _____

Please Mail Hard Copy To:

Dr. Julie Lombardi, Wellness and Sport Sciences
Pucillo Building #111
Millersville University
Millersville, PA 17551