PETITION TO TAKE COMPREHENSIVE EXAMINATIONS

Linguistics and Language Development Department

Student's Name:	Date:	
Student ID:	Phone Number:	
Semester in which I petition to take	e the M.A. Comprehensive Examinati	ons:
Program in which I plan to take the	e comprehensive exam: Linguistics	TESOL
Semester in which I anticipate finis	shing my M.A. program:	
	g the following courses (beyond prere put a * next to the electives for which	
Course	Semester	Grade (if applicable)
remaining core courses at the time any incompletes must be completed the signed grade change report to	pleted all core courses* or be in the that I take the comprehensive exam ted by the time this petition is submitt my advisor at the time they sign this	Furthermore, I understand that ed; i.e., I must show a copy of petition.
	ing 213 (for MA Ling students), and LLD 282 (for MA TESOL students).	
(Student's signature)	Date: Do not complete anything below this line	
	is student to take the Comprehensive	
	Date:	-
Advisor's Name		
(Advisor's signature)		

Please return your completed petition to the appropriate program coordinator by the first week in October for Fall or the first week in March for Spring.

