

**INTENT TO TAKE COMPREHENSIVE EXAMINATION  
CRIMINAL JUSTICE SCIENCES  
ILLINOIS STATE UNIVERSITY**

**Notice: Please submit your completed form to the Graduate Director (Dr. Dawn Beichner) at least two weeks prior to the start of the exams. If you decide not to take the exams after completing this form, it is considered as fail on the exams. Exceptions are only allowed for emergencies.**

Student's Name \_\_\_\_\_

Semester \_\_\_\_\_

Comprehensive Exam(s) To Be Taken (check the appropriate box)

Research:   
Management:   
Theory:   
Elective:  (Topic) \_\_\_\_\_

Prior Comprehensive Exams Taken (if any):

Research:  Date: \_\_\_\_\_  
Management  Date: \_\_\_\_\_  
Theory  Date: \_\_\_\_\_  
Elective  (Topic) \_\_\_\_\_ Date: \_\_\_\_\_

Results:	High Pass	Pass	Low Pass	Fail
Research:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Director's Signature

\_\_\_\_\_  
Date