

**APPLICATION FOR COMPREHENSIVE EXAMINATION**  
**Master of Science in Physical Education (Health Education/Health Promotion emphasis)**  
**OR**

**Master of Science in Food Science, Nutrition and Health Promotion (Health Promotion emphasis)**

The comprehensive examination for students in these programs will be given on **October 22, 2009**. If you plan to take the examination on this date, please complete this form and mail it to Dr. Barry P. Hunt, Professor of Health Promotion, Box 9805, MSU 39762, by **October 9, 2009**.

Name:		MSU ID #	
-------	--	----------	--

Mailing address following graduation:						
	City:		State:		Zip:	

Phone # and alternate phone #:	Email:
--------------------------------	--------

The five courses my advisor has approved for me to be tested on are:	

I am (will be) registered in the following courses at the time I take the comprehensive examination:


The Director of my Directed Individual Study is:	
--	--

The title of my Directed Individual Study is:	
---	--

I applied for graduation and paid the graduation fee for: \* **Graduation application deadline for Fall is October 9, 2009**

(Place an "X" in the appropriate place)                       Fall                       Spring                       Summer                      2009

**THE GRADUATE STUDENT IS RESPONSIBLE FOR MEETING WITH THE ACADEMIC ADVISOR TO MAKE SURE THAT THE PROGRAM OF STUDY REQUIREMENTS HAVE BEEN FULFILLED.**

**APPLICATION FOR COMPREHENSIVE EXAMS**

<b>DATE OF EXAM</b>	
---------------------	--

<b>NAME</b>	
-------------	--

**SIGNATURE OF ACADEMIC ADVISOR** \_\_\_\_\_

**Directions:** Students pursuing the Master of Science degree in Physical Education (Health Education/Health Promotion emphasis) **OR** the Master of Science degree in Food Science, Nutrition, and Health Promotion (Health Promotion emphasis) complete a comprehensive examination covering the five (5) core classes in the program. Please fill in the requested information concerning when you took each of the designated classes, your instructor’s name, and whether the class was taken on-campus or by distance education.

\*\*The prefix has changed on these courses. You may have taken a course prefixed by PE or FNH. The change in prefix has not changed course content. Be sure you are providing the correct information for each course number.

<u>Course</u>	<u>Sem/Yr</u>	<u>Instructor</u>	<u>Distance?</u>
PE/FNH 8513 Theory and Practice of Health Education			
PE/FNH 8523 Health Promotion Techniques			
PE/FNH 8553 Behavioral Epidemiology			
PE/FNH 8613 Design/Administration of HP Programs			
PE/FNH 8653 Implementation/Evaluation of HP Programs			

Special Instructions for Distance Education Students Only

Students pursuing the Master of Science degree in Physical Education (Health Education/Health Promotion emphasis) OR the Master of Science in Food Science, Nutrition and Health Promotion (Health Promotion emphasis) may elect to take comprehensive exams on the Mississippi State University campus or at their own location under the supervision of an approved proctor.

If you wish to take the comprehensive exam at Mississippi State University please check the box below. The exam will be completed in two sessions, each three hours in length on the designated date. For the exact exam location (i.e. room number and building) contact Dr. Hunt.

**I wish to take my Master of Science comprehensive examination at Mississippi State University on the specified date.**

YES

NO

If you wish to take the comprehensive exam under the supervision of a proctor, please provide the information requested below. Please note that you must provide the requested information to Dr. Hunt and receive approval of your choice of proctor.

For distance education students taking the comprehensive examination with a proctor, please provide the following information\*:

**\* Please be sure that your choice of proctor has been approved by Dr. Hunt before providing this information**

Proctor's Name/Title:	
Phone Number:	
Email Address:	