# Request To Take the Comprehensive Examination

Criminal Justice Management and Administration

**Banner ID:** _______________________

**NAME:**

(Please Print) First MI Last

Phone Number ___________________  E-Mail _______________________

Please provide your current email and mailing address in order to receive results of the examination. If you are not sure what your address will be following the comprehensive exams please provide a temporary address in which your results can be mailed. Please allow 30-45 days to receive results.

**Mailing Address**

(Please Print)

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**Temporary Address**

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Requested Date of Examination:  Fall____Spring____ Year____

Anticipated Date of Graduation:  Fall____Spring____ Year____

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(This area is for Office Use Only)

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*If you have questions concerning the Comps Exam, please contact Dr. Shawna Cleary, 974-5841 or scleary@uco.edu.