

CHRISTENDOM GRADUATE SCHOOL
Registration for the Comprehensive Exam – Fall 2018

Name: _____

Phones: _____

Emails: _____

Concentration: _____

I would prefer to take the written portion of the exam on:

___ Mon 10/15 ___ Tues 10/16 ___ Wed 10/17 ___ Thurs 10/18

___ Fri 10/19 (for far-away students who must travel to VA to take the exam ONLY)

The oral portion of the exam will take place on Saturday morning, October 20th, at the Alexandria campus.

Please enclose Exam Registration Fee of \$100.00 (non-refundable) and mail to Christendom Graduate School, 4407 Sano Street, Alexandria, VA 22312 or attach in an email to vnorris@christendom.edu.

Please register early, as space is limited, and registrations are accepted in the order in which they are received. Students will be notified if their registration has been approved. If there is no room on the schedule, the registration fee will be refunded to the student. In case of a registrant's withdrawing from the exam, *the exam registration fee will not be refunded.*

No registration forms will be accepted after September 12, 2018.

I have read and understand all the policies concerning registration for the comprehensive exams as stated above.

Signature: _____ Date: _____

For office use only:

Date Received: _____

Notification: _____

(Date)

Qualified for Comp exam: _____

(Registrar)