California State University, Long Beach
College of Engineering

CIVIL ENGINEERING AND CONSTRUCTION ENGINEERING MANAGEMENT DEPARTMENT

# REQUEST FOR COMPREHENSIVE EXAM

***This form is to be submitted, in person, to the department graduate advisor during the first three weeks of the semester of expected graduation.***

**STUDENT NAME:**

*(Last Name, First Name M.I.)*

**STUDENT ID #:** **PHONE:** **EMAIL:**

**ADDRESS:**

**Specialization:** **Area Advisor:**

**Candidate for:** ☐ **M.S.C.E.** ☐ **M.S.E.**

**Candidacy Approved?** ☐ **Yes** ☐ **No**

**Filed for Grad Check?** ☐ **Yes** ☐ **No**

## GRADUATE PROGRAM AT CSULB

| COURSE NUMBER | TITLE | DATE* | GRADE | INSTRUCTOR | COMP. EXAM** |
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* *Indicate semester and year taken*
** *To be filled out by area advisor*

***The information I have provided on this form is true and correct to the best of my knowledge. I will have completed all course work when I take the comprehensive examination.***

**STUDENT** _____ **DATE** _____

**GRADUATE ADVISER** _____ **DATE** _____