



**Doctor of Social Development Program  
APPLICATION FOR COMPREHENSIVE EXAM**

\_\_\_\_\_ Date

The Director  
DSD Program

Dear \_\_\_\_\_,

I would like to take the DSD Comprehensive Exam scheduled on \_\_\_\_\_  
I have completed all course requirement of the Doctor in Social Development Program as of  
\_\_\_\_\_ with a GWA of \_\_\_\_\_.

List of SD Core Courses	List of Electives	List of Cognates

Truly yours,

\_\_\_\_\_  
(Printed Name and Signature)

Certified Correct:

\_\_\_\_\_  
Student Records Officer

**Action of the DSD Committee:**

\_\_\_\_\_ Approve

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
DSD Program Director