

**EDLD Comprehensive Examination Registration  
Form (Rev. September 2024)**

NAME: \_\_\_\_\_ E-mail \_\_\_\_\_

WIN #: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please note that by completing and returning this form, you are indicating that you understand the criteria required to sit for the Comprehensive Exam, and that all information provided in this form is accurate. You must have your advisor's signature, indicating their approval for you to sit for the exam.

1. I hereby declare my intention to take the Educational Leadership Comprehensive Examination on \_\_\_\_\_ (date).
2. I am enrolled in the following concentration in the Ph.D. in EDLD Program (check one):  
    \_\_\_\_\_ Higher Education      \_\_\_\_\_ Organizational Analysis  
    \_\_\_\_\_ K-12
3. \_\_\_\_\_ Yes, I have an approved program of study on file with the department (that has been signed by my adviser and department chair). NOTE: If not, please check with your advisor
4. \_\_\_\_\_ I have successfully completed (with the grade of a "C" or better): EDLD 6861, 6060 (or other leadership course approved by my advisor), 6090 and EMR 6450, 6480, as well as a minimum of two subject content courses as approved by my advisor. Additionally, I have successfully completed or am concurrently enrolled in EDLD 6862, and EMR 6650, and 6580 (or 2<sup>nd</sup> qualitative course as approved by your advisor.)
5. \_\_\_\_\_ Yes, I am in good academic standing, as demonstrated by having a minimum grade point average of at least 3.0 for all courses completed at WMU as part of my doctoral program
6. I have previously taken the Core Comprehensive exam \_\_\_\_\_ times.
7. Advisor Signature: \_\_\_\_\_

Return at least 3 weeks prior to the requested testing date to:

Amber Thompson, Administrative Assistant, ELRT

Department 269-387-3894

E-mail completed form to: [amber.d.whitfield@wmich.edu](mailto:amber.d.whitfield@wmich.edu)