SAMRA UNIVERSITY OF ORIENTAL MEDICINE
EXAMINATION REQUEST FORM

NAME: _____ DATE: _____

PHONE #: _____ ID #: _____

I would like to take the following examination(s) in: English Korean Chinese

($ 75.00) **Written Comprehensive Exam/Retake Written Comprehensive Exam**
NOTE: Anyone wishing to take the Comprehensive Exam must pass ALL Clinic Phase Exams to be eligible to take the Comprehensive.

PLEASE CHECK:	[ ] SPRING 08 (APRIL 21, 2008)	[ ] SUMMER 08 (June 23, 2008)	[ ] FALL 08 (October 20, 2008)	[ ] WINTER 09 TBA

Approved by Clinic Director: Teri Powers: _____

($100.00) **Challenge Examination** (upon approval of the Academic Standards Committee)

Course # / Course Title: _____

($ 75.00) **Make-up Examination** (upon approval of the Academic Standards Committee)

Course# / Course Title: _____

($ 75.00) **Make-up Pre-Clinical Exam:** [ ] With 607N Class Exam Schedule

[ ] With the Comprehensive Exam Schedule

*** Please complete request forms and pay the appropriate fee to the Business Office at least **2 weeks** before the Comprehensive Written Exam and a least **3 weeks** before a Make-up or Challenge Exam. A $50.00 late fee will be charged for any request up to 7 days late. Any request after this time will not be honored. Students re-taking the Comprehensive Exam will be charged the above-mentioned fees. If you must withdraw from an examination for any reason, you must submit a ***notice of cancellation in writing to the Registrar at least 48 hours in advance of the examination to obtain a refund or transfer of examination fee.***

STUDENT'S SIGNATURE: _____ DATE: _____

APPROVED BY REGISTRAR: APPROVED BY BUSINESS OFFICE:

_____ _____

DATE: _____ DATE: _____