

COMPREHENSIVE EXAM DATA SHEET

Name\_\_\_\_\_

Soc. Sec. #\_\_\_\_\_

Address\_\_\_\_\_

Phone #\_\_\_\_\_

Email: \_\_\_\_\_

Degree Sought\_\_\_\_\_

Date of Matriculation\_\_\_\_\_

Below, Please list (9) Courses that have been taken through  
SUNY, Plattsburgh with the Instructor for each one.

<u>Course #</u>	<u>Course Title</u>	<u>Instructor</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____