

MSCJ Comprehensive Examination Registration Form
Department of Criminal Justice

Name: _____ Student ID Number: _____

Home Address: _____ Phone Number: _____

_____ Zip: _____

Work Address: _____ Phone Number: _____

_____ Zip: _____

Email Address: _____

Date of Exam: _____

I am taking the following sections:

NOTE: Students taking comprehensive exams for the first time MUST register for all three sections

Research Methods Section (8AM-10AM)

Criminological Theory Section (11AM-1PM)

Law or

Administration Section (2PM-4PM)

Please return the form to the graduate advisor at least one month prior to the examination date.

University of North Texas
Department of Criminal Justice
1155 Union Circle #305130
Denton, TX 76203-5130

Applicant's Signature: _____ Date: _____