**APPLICATION FOR COMPREHENSIVE EXAMINATION**

**Master of Science in Food Science, Nutrition, and Health Promotion**

**with a concentration in Health Promotion**

The comprehensive examination for students in this program will be held on **April 13, 2023 in Room 211 Herzer Building**. If you plan to take the examination on this date, please complete this form and mail or email it to Dr. Barry P. Hunt, Health Promotion, Box 9805, MSU 39762 or <bhunt@fsnhp.msstate.edu>. The form must be received by **March 30. 2023**. Be sure to complete ALL information.

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| Name: |       | MSUID #  |       |

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| --- | --- |
| Mailing address following graduation:  |       |
|  |       |
|  | City: |       | State: |       | Zip: |       |

|  |  |
| --- | --- |
| Phone # and alternate phone #:       | Email:       |

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| The five courses my advisor has approved for me to be tested on are: | FNH 8553 Behavioral Epidemiology |
| FNH 8513 Theory and Practice of Health Education | FNH 8613 Design/Administration of HP Programs |
| FNH 8523 Health Promotion Techniques | FNH 8653 Implementation/Evaluation of HP Programs |

I am (will be) registered in the following courses at the time I take the comprehensive examination:

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| I am enrolled in or have completed FNH 7000 OR FNH 8673: |       |

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| The title of my Directed Individual Study (for those with FNH 7000 credits only) is: |       |

I applied for graduation and paid the graduation fee for:

(Place an “X” in the appropriate place) [ ]  Fall 2022 [ ]  Spring 2023 [ ]  Summer 2023

**March 24, 2023: Last day to apply via myState for May 2023 graduation - $50 fee**

**THE GRADUATE STUDENT IS RESPONSIBLE FOR MEETING WITH THE ACADEMIC ADVISOR TO MAKE SURE THAT THE PROGRAM OF STUDY REQUIREMENTS HAVE BEEN FULFILLED.**

**\*\* Special Notice:**

**At this point in time, our intent is to offer the comprehensive exam in our traditional formats (i.e., on-campus in Rm 211 Herzer or via proctor for distance students). Given the uncertainties surrounding COVID-19, we will monitor and follow university safety protocols. If it is deemed too risky to be on campus (or with a proctor), we will adjust the exam format as needed. Please keep in touch with Dr. Hunt and/or your advisor for up-to-date information.**

**APPLICATION FOR COMPREHENSIVE EXAMS**

|  |  |
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| **DATE OF EXAM** | April 13, 2023 |

|  |  |
| --- | --- |
| **NAME** |  |

**SIGNATURE OF ACADEMIC ADVISOR**

**Directions**: Students who are pursuing the Master of Science degree in Food Science, Nutrition, and Health Promotion with a concentration in Health Promotion complete a comprehensive examination covering the five (5) core classes in the program. Please fill in the requested information concerning when you took each of the designated classes, your instructor’s name, and whether the class was taken on-campus or by distance education.

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| --- | --- | --- | --- |
| Course Title: | Distance? (Y/N) | Instructor  | Sem/Yr |
| FNH 8513 Theory and Practice of Health Education |  |  |  |
| FNH 8523 Health Promotion Techniques |  |  |  |
| FNH 8553 Behavioral Epidemiology |  |  |  |
| FNH 8613 Design/Administration of HP Programs |  |  |  |
| FNH 8653 Implementation/Evaluation of HP Programs |  |  |  |

**Special Instructions for Distance Education Students Only**

Students who are pursuing the Master of Science in Food Science, Nutrition, and Health Promotion with a concentration in Health Promotion may elect to take April 13, 2023 comprehensive exams on the Mississippi State University campus or at their own location under the supervision of an approved proctor.

If you wish to take the comprehensive exam at Mississippi State University, please check the box below. The exam will be completed in two sessions, each three hours in length on the designated date. For the exact exam location (i.e. room number and building), contact Dr. Hunt.

**I wish to take my Master of Science comprehensive examination at Mississippi State University on the specified date.**

**[ ]  YES** **[ ]  NO**

If you wish to take the comprehensive exam under the supervision of a proctor, please provide the information requested below. Please note that you must provide the requested information to Dr. Hunt and receive approval of your choice of proctor prior to final submission of the application.

For distance education students who are taking the comprehensive examination with a proctor, please provide the following information\*:

**\* Please be sure that your choice of proctor has been approved by Dr. Hunt before providing this information.**

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| Proctor’s Name/Title: |       |
| Phone Number: |       |
| Email Address: |       |

For more information about the comprehensive exam, please visit our website: <http://distance.msstate.edu/health/comprehensive_exam>.