Students beginning the doctoral program prior to the Fall 2009 term MUST take a comprehensive examination off-campus.

Doctoral students who have satisfied all of their academic degree requirements may apply for the comprehensive examination. The application must be submitted 30 days in advance of the test date selected.

ALL academic work MUST be completed at least 30 days prior to the testing date.

NOTE: The Doctoral Off-Campus Comprehensive Examination must be proctored. Students may use ProctorU, the Academy’s online proctoring service, OR may select another proctor/third-party testing site. Students using a third-party testing site are responsible for arrangements made to take the exam and all fees associated with that testing site. Students using ProctorU must also schedule their own examinations; they will not be assessed a fee unless scheduling the examination less than 72 hours in advance.

The comprehensive examination is offered every other month, on the second Wednesday and Thursday of the month.

Exam dates for the 2014-2015 Academic Calendar Year:

10-11 September 2014  12-13 November 2014  7-8 January 2015

It is HIGHLY recommended that the student schedule the exam between the hours of 8:00 a.m. and 5:00 p.m. Central Time in order to properly monitor and assist the student if administrative problems occur.
Please print this form and complete all the required information.
Return to the Registrar’s Office via email, fax, or U.S. mail.

Email: registrar@ussa.edu
Fax: 251-625-1035
U.S. Mail: United States Sports Academy, 1 Academy Drive, Daphne, AL 36526

Please fill out the entire application.

If ALL of the information is NOT provided, the application will NOT be accepted
and the student will NOT be able to sit for the exam.

DOCTORAL COMPREHENSIVE EXAMINATION INFORMATION

Selected Examination Date:_____________________________

Select One:  First Attempt_______ Second Attempt______ Third or More_______

If you are retaking the examination, when did you last take the exam?___________________

STUDENT INFORMATION

Student Name: (please print)________________________________________________________

Area of Specialization:________________________________________________________________

Emphasis (if applicable):________________________________________________________________

Student Home Phone Number:__________________________________________________________

Student Cell Phone Number:__________________________________________________________

Student USSA Email Address:__________________________________________________________

(Personal email addresses will not be used. If the student’s USSA email address is not current, the student
should contact the Help Desk. It is the student’s responsibility to ensure the USSA Email Address is current and
operating properly)

Confirm USSA Email Address:________________________________________________________________
PROCORING INFORMATION

Please select one option:

I will use: ProctorU______________________ OR

Proctor/Third-Party Testing Site______________________

Proctor Information

- **Examples of Approved Proctors:** College/University Academic Professionals; Testing Centers; Librarians; Education Testing Officers; Human Resource Professionals; Secondary School Principals/Vice Principals.

- **Unapproved Proctors:** Immediate Supervisors; Student Tutors; Co-workers; Close Friends; Relatives.

Proctor Name:_________________________________________________

Proctor Title/Position:___________________________________________

Proctor Email:_________________________________________________

Confirm Proctor Email:__________________________________________

I certify that I have no relationship to the above named proctor other than a student-proctor relationship.

Student Signature:________________________ Date______________

*By signing here I certify that I adhere to the above statement.*

Testing Site Information

Listed below are some examples of locations that offer proctoring and testing services:

- Colleges and Universities
- Sylvan Learning Centers
- Military Base Education Offices
- Public Libraries
- Educational Testing Centers

Testing Site Name:____________________________________________________

Address:____________________________________________________________

City, State, Zip:_______________________________________________________

Testing Site Phone Number:____________________________________________

Testing Site Email:____________________________________________________

Confirming Testing Site Email:_________________________________________
PROCTOR/TESTING SITE INFORMATION

Duties of Proctor/Testing Site:

1. Proctors should be available to observe and monitor the student at all times during the exam. Proctors should have a direct view of the student’s computer screen during the duration of the exam.

2. The specific individual listed and confirmed as the proctor on the exam application must be the same proctor who oversees the exam.

3. The student is given four (4) hours to complete the exam. Proctors will observe the student continuously.

4. Proctors are asked to have either Google Chrome or Mozilla Firefox available for the student. Please do not use Internet Explorer.

5. The exam is offered on the second Wednesday and Thursday of every other month. The exam can be accessed from 12:01 a.m. on Wednesday through 11:59 p.m. on Thursday, however it is recommended that the exam be taken between the hours of 8:00 a.m. and 5:00 p.m. Central Time to ensure proper electronic monitoring is maintained. This will also ensure any problems experienced during the exam can be addressed promptly by Academy personnel.

6. Several days prior to the testing date, the proctor will be sent a password, via email, which will be used to access the exam.

PROCTORU TESTING INFORMATION

1. Prior to the examination date, the student must set up an account with ProctorU, www.proctoru.com. This should be done at least three (3) business days (72 hours) before the selected exam date.

2. If the student fails to schedule the exam more than 72 hours in advance, ProctorU will assess the student a “convenience fee” which the student must pay. Also, if not scheduled 72 hours in advance, a proctor may not be available for the scheduled date and time.

3. ProctorU requirements:
   1. Webcam
   2. Functioning computer microphone
   3. Compatible web browser: Google Chrome, Mozilla Firefox, or Safari

4. Internet Explorer is NOT an acceptable web browser.

IMPORTANT NOTES
The Doctoral Comprehensive Examination consists of four parts:
  o Part I: Research
  o Part II: General Sport Management
  o Part III: Area of Specialization
  o Part IV: Oral Examination (scheduled by videoconference, e.g., Skype, etc.)

The first three parts of the examination must be completed during the stated days of one selected examination session. Students can choose to take all three parts of the examination on one day or break them up over two days, depending upon arrangements made with the Proctor/Testing Site or ProctorU.

Each part has a time limit of three (3) hours and must be completed in one sitting. Students who successfully complete Parts I, II, and II will be contacted by the Director of Doctoral Studies to schedule Part IV.

Students who do not take their comprehensive exam on the scheduled date and time will forfeit all fees associated with the exam.

Grading Procedures: The comprehensive exam is more extensive than regular course exams and it is graded by a team of faculty members. Students should allow up to one week for the grading process to take place. The comprehensive exam is graded on a Pass/Fail basis.

Upon successful completion of the examination, students will be eligible to begin their Dissertation (SPT 799).
PAYMENT

Payment Method: ________________________________________________

I understand that my credit card will be charged in the amount of $325.00 for the Doctoral Off-Campus Comprehensive Examination fee. This fee applies to all first-time applicants and to all students retaking the examination.

I understand that if I do not appear for the examination as scheduled, all registration fees will be forfeited.

Credit Card Type: (Visa, MasterCard, Discover)___________________________

Credit Card Number:__________________________________________________

Expiration Date:_______________________________________________________

This form will NOT be processed without signature and date.

Student Signature:__________________________________________ Date:________________