

SCHOOL OF EDUCATION

INTENT TO TAKE COMPREHENSIVE EXAM (Please Type)

Semester Spring 2008

NAME:	STUDENT ID:
LOCAL ADDRESS:	PHONE:
	(include Zip code)
DEPT AND MAJOR:	EMAIL ADDRESS:
CHECK ONE: <input type="checkbox"/> MASTER'S COMP <input type="checkbox"/> DOCTORAL PRELIM <input type="checkbox"/> DOCTORAL COMP	CURRENT GPA:
This will be the _____ time I have taken this exam.	
CHECK ONE: <input type="checkbox"/> I am <input type="checkbox"/> I am not ...registered	with the Office of Special Student Services.

Successfully completing the comprehensive exam represents a significant milestone in your matriculation as a graduate student. Passing the Comprehensive Examination is a graduation requirement for both the master's and doctoral degrees. Before submitting this form, please read carefully the requirements listed below and be sure that you meet each one.

REQUIREMENTS FOR TAKING THE COMPREHENSIVE EXAM

If you intend to take the comprehensive exam you must:

1. be enrolled during the semester in which you plan to take the exam;
2. have at least a 3.0 GPA at the beginning of the semester in which you intend to take the exam;
3. have completed 9-12 hours of the specialization courses in your major.
(Applies to master's students *only*.)

Additionally, if you are a student who is eligible to receive testing accommodations because of an identified disability you should:

- a. be registered with the Office of Special Student Services;
- b. provide written notification from the Office of Special Student Services to your department chair and the School of Education's Associate Dean for Academic Programs and Student Affairs verifying the type of special accommodations required at least four (4) weeks before the scheduled date of the comprehensive exam.

Specialization/Core Courses Completed:

<u>Number</u>	<u>Title</u>	<u>Grade(select)</u>
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Other Program Coursework Completed:

Courses Currently Taking:

Courses to be Completed:

Student _____
Signature

Date: _____

Comments:

Approved _____ Disapproved _____ _____
Advisor's Signature

Date: _____

Comments:

Approved _____ Disapproved _____ _____
Chairperson's Signature

Date: _____

Comments:

Submit this form to the Chairperson of your department by November 21th, 2007. Chairs must submit forms for all students desiring to take the Spring 2008 exam to the Associate Dean through Ms. Raena Coaxum by November 21th, 2007.