



COLLEGE OF EDUCATION

Division of Teacher Education, Leadership, & Research

Application for Comprehensive Examination

Name: _____

Student ID Number: _____

Current email: _____

(Comps information will be disseminated via email.)

Date of exam: _____

(Exam dates will be disseminated by your advisor or will be available on the website.)

Select the Degree and your Program of Study

Degree:	___ M.Ed.	Program of Study:	___ Elementary Education
	___ M.A.T.		___ Special Education
	___ Ed.S		___ Administration & Supervision
	___ Ed.D.		___ Administration, Independent Schools
			___ Higher Education

Home Address: _____

(Street, P.O. Box) City State Zip

Home Phone: _____ Work Phone: _____

(Put a check by the Phone # where you can be reached between 8:00 a.m. and 5:00 p.m.)

I have completed the following requirements:

- Will be enrolled in last hours of course work when taking exam (except Ed.D. program)
- Application for Graduation has been submitted online
- Have minimum GPA required by degree program for graduation
- Proposed program of study has been submitted

Remaining courses to be taken:

Return completed applications to the Division of Teacher Education, Leadership, & Research via mail (DSU Box 3112, Cleveland, MS 38733) or by fax to 662-846-4309.