



Minot State UNIVERSITY

Graduate School

PERMIT TO TAKE WRITTEN COMPREHENSIVE EXAMINATIONS

Graduate Students required to take Written Comprehensive Exams are responsible for completing this form, obtaining the appropriate signatures, and filing this permit in the Graduate School **NO LATER than 12 noon, two weeks prior to the scheduled examination.** The dates of the comprehensive exams are outlined in the Graduate Catalog.

NAME _____ ID# _____

ADDRESS _____

*You will receive a confirmation letter regarding receipt of this permit no later than one week prior to written comps.

Please check the Graduate degree to be conferred in:

- | | |
|---|--|
| <input type="checkbox"/> Ed. S: School Psychology | <input type="checkbox"/> MS: Communication Disorders (Speech Language Pathology) |
| <input type="checkbox"/> MS: Criminal Justice | <input type="checkbox"/> MS: Special Education (Education of the Deaf) |
| <input type="checkbox"/> MS Special Education (Early Childhood) | <input type="checkbox"/> MS Special Education (Severe Multiple Handicaps) |
| <input type="checkbox"/> MS Special Education (Learning Disabilities) | <input type="checkbox"/> MS Special Education (Special Education Strategist) |

I request permission to take the written comprehensive on _____

for the first time second time. (Date)

Signature of Student _____ Date _____

This student may take the written comprehensive examinations on the specified date.

Signature, Chairperson of Graduate Committee _____

Date _____