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:

☐ Ed. S: School Psychology
☐ MS: Communication Disorders (Speech Language Pathology)
☐ MS: Criminal Justice
☐ MS: Special Education (Education of the Deaf)
☐ MS Special Education (Early Childhood)
☐ MS Special Education (Severe Multiple Handicaps)
☐ MS Special Education (Learning Disabilities)
☐ 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 ____________________