APPLICATION FOR MASTERS’ (MEd) COMPREHENSIVE EXAMINATION

This form should be completed ONE SEMESTER before all Med students desire to take the examination. You must, in the last semester of work, remove all C’s in your major field before taking the examination. The MEd Comprehensive Examination may not be taken before all teaching field/major courses (with the exception of practicum/student teaching) are completed.

The MEd Comprehensive Examination is routinely scheduled on a Saturday each semester from 9:30am to 1:30pm. The exact date and place of the examination will be announced by the department (Tentative schedule below). All exams are completed using Microsoft Word and GSU computers with no access to the internet provided. The exams are proctored by a professor from the department.

Return this application form to the ESC office on the 8th floor of the College of Education & Human Development Building. You will receive notification of receipt of your application by mail one month before the exam. Applicants are encouraged to discuss the proposed content of the examination with their advisor before preparing for the examination. Study guides are available in the main office for all subject areas. After completion of the examination, you will notified by mail in about four weeks of the outcome of the examination. Do not contact the office for results. Staff are prohibited from giving out results by phone or in person.

MAT students are not required to take comprehensive exams.

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>DATE</th>
<th>TIME</th>
<th>PROCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall, 2017</td>
<td>October 7, 2017</td>
<td>9:30-1:30</td>
<td>McKeown</td>
</tr>
<tr>
<td>Spring, 2018</td>
<td>February 17, 2018</td>
<td>9:30-1:30</td>
<td>Jimenez</td>
</tr>
<tr>
<td>Summer, 2018</td>
<td>June 16, 2018</td>
<td>9:30-1:30</td>
<td>McKinney</td>
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</tbody>
</table>

Name: _____________________________________ Panther # __________________________

Address: ______________________________________________________________________

City                        State              Zip

Telephone: cell (________) __________________________ Home (________) __________________________

GSU EMAIL ADDRESS: _____________________________________________________________

Desired Semester: (check one) Area of Study: (circle one)

Fall ’17 □        Spring ‘18 □ BLD, Autism, Early Childhood, Deaf/HH, PHH, Intellectual Disability

Summer ’18 □       Advisor: ________________________________

Have you taken comps before? (Circle one)  No 2nd time 3rd time

Student Signature: (By my signature, I understand my application will be reviewed for appropriate coursework and that final clearance for comps will be given only if these criteria have been met.)