Education Department

COMPREHENSIVE EXAMINATION **Application Form**

o Preparation Document

Name:	Date:	Name:	Date:
Email address:	Tel #:	Email address:	Tel #:
☐ AIIAS	□ DLC	☐ AIIAS	□ DLC
Degree:MA	PhD	Degree:MA	PhD
Emphasis:		Emphasis:	
☐ Curriculum & Instruction	☐ Educational Administration	☐ Curriculum & Instruction	☐ Educational Administration
☐ Library Administration	☐ Religious Education	☐ Library Administration	☐ Religious Education
☐ Instructional Technology	☐ TESOL	☐ Instructional Technology	☐ TESOL
Elective		Elective	
☐ Curriculum & Instruction	☐ Educational Administration	☐ Curriculum & Instruction	☐ Educational Administration
☐ Finance & Business Mgnt	☐ Health Education	☐ Finance & Business Mgnt	☐ Health Education
☐ Library Administration	☐ Religious Education	☐ Library Administration	☐ Religious Education
☐ Research & Statistics	\square Foundations of Education	☐ Research & Statistics	☐ Foundations of Education
□ Other		☐ Other	
Date of Comprehensive Exam:		Date of Comprehensive Exam:	
Computer/By hand:		Computer/By hand:	
Academic Advisor:		Academic Advisor:	
(Signature over printed name)		(Signal	ature over printed name)
Place and Time:		Place and Time:	
Education Department Chairperson:		Education Department Chairperson:	
	(Signature over printed name)		(Signature over printed name)
Received comprehensive packet:		Received comprehensive packet:	
 Policies and Guidelines 		 Policies and Guidelines 	

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