

Education Department
COMPREHENSIVE EXAMINATION
Application Form

Name: _____ Date: _____

Email address: _____ Tel #: _____

Degree: AIIAS DLC _____
 _____ MA _____ PhD

Emphasis:

- | | |
|---|---|
| <input type="checkbox"/> Curriculum & Instruction | <input type="checkbox"/> Educational Administration |
| <input type="checkbox"/> Library Administration | <input type="checkbox"/> Religious Education |
| <input type="checkbox"/> Instructional Technology | <input type="checkbox"/> TESOL |

Elective

- | | |
|---|---|
| <input type="checkbox"/> Curriculum & Instruction | <input type="checkbox"/> Educational Administration |
| <input type="checkbox"/> Finance & Business Mgnt | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Library Administration | <input type="checkbox"/> Religious Education |
| <input type="checkbox"/> Research & Statistics | <input type="checkbox"/> Foundations of Education |
| <input type="checkbox"/> Other _____ | |

Date of Comprehensive Exam: _____

Computer/By hand: _____

Academic Advisor: _____
(Signature over printed name)

Place and Time: _____

Education Department Chairperson: _____
(Signature over printed name)

Received comprehensive packet:

- Policies and Guidelines
- Preparation Document

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