

APPLICATION FOR COMPREHENSIVE EXAMINATION
 MASTER'S and ED.S. PROGRAMS
 (Fill out and submit to advisor)

Mr./Ms. _____ Student No. J00_____

Last First Middle

ADDRESS _____

Street City State Zip

JAGUAR E-MAIL ADDRESS _____ Phone # _____

According to the University of South Alabama Graduate/Undergraduate *Bulletin*, the comprehensive examination is normally taken during the semester in which the student completes his/her degree requirements. I would like to sit for the examination _____ Semester, 20_____. I understand that: 1)I must meet program and Graduate School GPA requirements; 2)I must attach a copy of a graduation check sheet and a current transcript; and 3)I have applied for graduation through the Registrar's Office (if applicable) and am a candidate for the following:

- M.Ed. M.S. Ed.S. A Certification

DEPARTMENT	PROGRAM	MAJOR/CONCENTRATION
<input type="checkbox"/> Health/Physical Ed/Leisure Services	_____	_____
<input type="checkbox"/> Leadership & Teacher Education	_____	_____
<input type="checkbox"/> Professional Studies	_____	_____

SIGNATURES:

Student _____ Date _____

Advisor _____ Date _____