REQUEST FOR EXAMINATION

DEPARTMENT OF EDUCATIONAL LEADERSHIP, FOUNDATIONS, AND POLICY

MASTER OF EDUCATION
COMPREHENSIVE EXAMINATION REQUIREMENT

To be administered by the Department on one specific date per semester.

Name: ____________________________________________

Address: __________________________________________

__________________________________________

__________________________________________

Telephone: ________________________________________

Email: ____________________________________________

All students wishing to complete an Master of Education degree must complete a comprehensive examination or its equivalent.

Please confer with your advisor as to the appropriate procedures. (If this examination is failed, a student may petition for one reexamination during the following semester).

Students must submit this Request for Examination form to the Department of Educational Leadership, Foundations, and Policy no later than three weeks prior to the examination date.

Semester Degree to be conferred: ______________________

DATE OF EXAMINATION: __________________________

Advisor’s Approval: ________________________________ Date: ______________