

Return form to Curriculum & Instruction Office

Master of Education Comprehensive Examination Application

ELEMENTARY EDUCATION

Fall , Spring , Summer Year _____

Emphasis Area:

- Reading/Language Arts
 Math/Science

Campus:

- Booneville Oxford
 Tupelo DeSoto
 Grenada

Student's Name:

_____ (First) (Middle Initial) (Last) (Maiden Name)

Student #:

Email Address:

_____ *You will be sent a reminder about comps through email approximately one week prior to the exam.*

Mailing Address:

City:

State:

Zip:

Telephone Number:

_____ (Daytime Phone #) _____ (Home Phone #)

Graduation Date:

May _____ (Year)

August _____ (Year)

December _____ (Year)

I Had My Mid-Point Portfolio Checked:

Yes No

Date Checked:

I Received A Comprehensive Examination Study Guide:

Yes No

I entered the Master's Program:

Before Fall 2005 (Old Study Guide)

Fall 2005 or after (New Study Guide)

Foundations Area:

EDCI 503 – Measurement & Evaluation for Classroom Teacher
EDCI 601 – Advanced Curriculum Theory & Practice
EDRS 605 – Educational Research

Hours

3
3
3

Instructor

Specialization Area:

- _____
- _____
- _____
- _____
- _____

Hours

3
3
3
3
3

Instructor

Electives:

- _____
- _____

Hours

3
3

Instructor

Courses Transferred:

- _____
- _____

Hours

3
3

Instructor

ALL Master of Education comprehensive examinations must be taken via computer. **NO EXCEPTIONS!**

Official Advisor's Signature

Date

Student's Signature

Date