

Return form to Literacy Education office.

Master of Education Comprehensive Examination Application

LITERACY EDUCATION

Fall [], Spring [], Summer [] Year _____

Campus: [] Oxford [] Tupelo [] DeSoto

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 Received A Comprehensive Examination Study Guide: [] Yes [] No

Table with 3 columns: Foundations Area, Hours, Instructor. Rows include EDCI 503, EDCI 601, and EDRS 605.

Table with 3 columns: Literacy Education, Hours, Instructor. Rows include EDLT 601 through EDLT 609.

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

Official Advisor's Signature _____ Date _____

Student's Signature _____ Date _____