

Return form to Curriculum & Instruction Office

Master of Education Comprehensive Examination Application

SPECIAL EDUCATION

Fall , Spring , Summer Year _____

Emphasis Area:

Special Education

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 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

Hours

3

Instructor

EDCI 601 – Advanced Curriculum Theory & Practice

3

EDRS 605 – Educational Research

3

Specialization Area:

1. EDSP 628–Rehabilitation of the Handicapped

Hours

3

Instructor

2. EDSP 683–Readings in Research with Exceptional Children

3

3. EDSP 552-Practicum & Field Exp w/Exceptional Children

3

4. EDSP Special Education Elective

3

5. EDSP Special Education Elective

3

Electives

1. _____ Elective (Special Education or Other)

Hours

3

Instructor

2. _____ Elective (Special Education or Other)

3

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

Official Advisor's Signature

Date

Student's Signature

Date