

Return form to Curriculum & Instruction Office

Master of Education Comprehensive Examination Application

SECONDARY EDUCATION

Fall , Spring , Summer Year _____

Emphasis Area: Science English Math Social Studies 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 _____ August _____ December _____
(Year) (Year) (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)

| <u>Foundations Area:</u> | <u>Hours</u> | <u>Instructor</u> |
|---|--------------|-------------------|
| EDCI 503 – Measurement & Evaluation for Classroom Teacher | 3 | _____ |
| EDCI 601 – Advanced Curriculum Theory & Practice | 3 | _____ |
| EDRS 605 – Educational Research | 3 | _____ |

| <u>Specialization Area:</u> | <u>Hours</u> | <u>Instructor</u> |
|-----------------------------|--------------|-------------------|
| 1. _____ | 3 | _____ |
| 2. _____ | 3 | _____ |
| 3. _____ | 3 | _____ |
| 4. _____ | 3 | _____ |
| 5. _____ | 3 | _____ |

| <u>Electives:</u> | <u>Hours</u> | <u>Instructor</u> |
|-------------------|--------------|-------------------|
| 1. _____ | 3 | _____ |
| 2. _____ | 3 | _____ |

| <u>Courses Transferred:</u> | <u>Hours</u> | <u>Instructor</u> |
|-----------------------------|--------------|-------------------|
| 1. _____ | 3 | _____ |
| 2. _____ | 3 | _____ |

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

Official Advisor's Signature Date

Student's Signature Date