APPLICATION TO TAKE COMPREHENSIVE EXAMINATION
MASTER OF EDUCATION
IN
MILD AND MODERATE DISABILITIES

DATE REQUESTED:     ____FALL     ____WINTER     ____SPRING

Name ________________________________________________________________

Current Address _______________________________________________________

I have been admitted to graduate study with Regular admission status. ______ (yes or no)

I am currently enrolled in the following course(s) to complete my program:

______________________________________________________________________

I have completed or am in the process of completing the following courses in my area of
concentration (15 hours). Note: these courses must be completed or in the process of being
completed to take the comprehensive examination.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Date Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDU 660</td>
<td>ORGANIZATIONAL PROCEDURES FOR SPECIAL EDUC</td>
<td></td>
</tr>
<tr>
<td>EDU 668</td>
<td>INTELLECTUAL DISABILITIES</td>
<td></td>
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<tr>
<td>EDU 669</td>
<td>TEACHING INDIVIDUALS WITH INTELLECTUAL DISABILITIES</td>
<td></td>
</tr>
<tr>
<td>EDU 663</td>
<td>LEARNING DISABILITIES</td>
<td></td>
</tr>
<tr>
<td>Edu 664</td>
<td>TEACHING INDIVIDUALS WITH LEARNING DISABILITIES</td>
<td></td>
</tr>
</tbody>
</table>

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_____Admitted            _____15 hours taken            _____Grades okay

_____Degree Application   _____Notified of Eligibility

Rev. 1/14