

**APPLICATION TO TAKE COMPREHENSIVE EXAMINATION
MASTER OF EDUCATION
IN
GIFTED EDUCATION**

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.

Course Number	Title	Date Taken
EDU 651	The Gifted Child	
EDU 652	Teaching the Gifted Child	
EDU 653	Curricular Development for the Gifted	
EDU 654	Trends and Issues in Gifted Education	
EDU 655	Curriculum for Artistically and Creatively Gifted	

Do not write in this space.

___ Admitted

___ 15 hours taken

___ Grades okay

___ Degree Application

___ Notified of Eligibility
