

**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.

Course Number	Title	Date Taken
EDU 660	ORGANIZATIONAL PROCEDURES FOR SPECIAL EDUC	
EDU 668	INTELLECTUAL DISABILITIES	
EDU 669	TEACHING INDIVIDUALS WITH INTELLECTUAL DISABILITIES	
EDU 663	LEARNING DISABILITIES	
Edu 664	TEACHING INDIVIDUALS WITH LEARNING DISABILITIES	

Do not write in this space.

___ Admitted ___ 15 hours taken ___ Grades okay

___ Degree Application ___ Notified of Eligibility
