



College of Education and Behavioral Sciences
Comprehensive Examination Form: Permission & Results

Name _____
Last First

Bear Number _____ Email _____

Semester of Exam _____ Student Signature _____ Date _____

Type of Exam

APCE

Please select your unit/program

ASRM

ELPS/HESAL

Psychological Sciences

School Psychology

Special Education

Teacher Education

Other

Each Program in the College of Education and Behavioral Sciences has specific guidelines in order to take the comprehensive examination. By signing this section, the advisor acknowledges that the student meets all qualifications listed for their program.

Printed Name of Advisor _____ Signature of Advisor _____ Date _____

Results

1st Attempt

2nd Attempt

Passed

Passed

Failed

Failed

Notes: _____ Signature of Coordinator _____ Date _____