



College of Education and Behavioral Sciences
Permission to take Comprehensive Examination Form

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.

Plan of Study on file at the Graduate School	Does Not Apply
Successful completion of all coursework required for comprehensive examination	Does Not Apply
Doctoral committee filed by Graduate School	Does Not Apply
Maintained minimum grade point average for your program	Does Not Apply
Completed all department forms and pre-req classes	Does Not Apply

Printed Name of Advisor _____ Signature of Advisor _____ Date _____

Notes: