

MASTER'S COMPREHENSIVE EXAMINATION  
Secondary Education Application

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_ Teaching Field \_\_\_\_\_

\_\_\_\_\_ Student # \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Advisor \_\_\_\_\_ Semester of Exam \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ I have ( ) have not ( ) taken the exam previously.

Date Admitted to Graduate School \_\_\_\_\_

I have ( ) have not ( ) taken the master's comprehensive exam before.

Location for Exam (**Please circle**) Gadsden or Tuscaloosa

Please select one: ( ) I will hand write my exam. ( ) I would like to use the computer\*

*\*Note that all computers will be pc format, using the Microsoft Word software*

List courses by letters, number, title, and semester taken. **Use an asterisk (\*) to indicate transfer credit(s) and list as shown on transcript. At bottom, indicate university transferred from.**

<b><u>Curriculum and Teaching Courses</u></b>	( ___ hours required by your program)	<b>Date taken (or to be taken)</b>
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<b><u>Humanistic and /or Behavioral Courses</u></b>	( ___ hours required by your program)	<b>Date taken (or to be taken)</b>
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<b><u>Evaluation Course</u></b> ( ___ hours required by your program)		<b>Date taken (or to be taken)</b>
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<b><u>Teaching Field Courses</u></b> ( ___ hours required by your program)		<b>Date taken (or to be taken)</b>
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<b><u>Electives</u></b> ( ___ hours required by your program)		<b>Date taken (or to be taken)</b>
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Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

*It is the student's responsibility to list all courses in correct categories, to ensure that all transfer work has been recorded on transcript, and to have this application signed by the adviser.*

Completed application must be submitted to the Program Office, Room 204 Graves Hall, during the **first two (2) weeks** of the fall/spring semester in which the exam is to be taken, or during the **first week** of the summer school.