SPECIAL EDUCATION COMPREHENSIVE EXAMINATION REGISTRATION FORM

During which semester would you like to take your comprehensive exam? ______________________

Have you previously taken the comprehensive exam? __________
If so, during which semester/year? ________________________________

NAME: ____________________________________________________________
Last Name  First Name  Middle Initial

ADDRESS: __________________________________________________________

EMAIL ADDRESS: __________________________________________________

TELEPHONE: (____)_____________  STUDENT NUMBER: ___________________

PROGRAM ADVISOR: ________________________________________________

(Circle one of the following)

Program Level:  MA (3 hour exam)  Ed.S. (4 hour exam)  Ed.D. (2, 4 hour exams)  Ph.D. (2, 4 hour exams + 1, 4 hour minor exam)

Program Area:  Gifted/Talented  Collaborative (k-6)  Collaborative (6-12)  Collaborative (Dual)  Early Childhood

All Special Education Comprehensive Examinations will be given on Computer.

RETURN COMPLETED FORM TO:
Special Education and Multiple Abilities
The University of Alabama
Box 870232 - 201 Graves
Tuscaloosa, AL  35487-0232
(205) 348-6093

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