

THE UNIVERSITY OF ALABAMA
College of Education
Department of Curriculum and Instruction
MASTER'S COMPREHENSIVE EXAMINATION APPLICATION

Name _____ CWID _____

Address _____ Major Field _____

_____ Date _____

Email _____ Advisor _____

Have you taken the MA Comprehensive Exam before?

Directions: List courses below by letters, number, title, hours, and semester taken (or to be taken).
Star () any transfer credit and list as shown on transcript. At bottom, indicate university transferred from.*

Required Courses (Curriculum and Teaching) (____ hours required by program) Hours Semester taken

Foundations of Professional Studies (Humanistic or Behavioral) (____ hours required by program) Hours Semester taken

Educational Research (Evaluation Course) (____ hours required by program) Hours Semester taken

Teaching Field Courses (____ hours required by program) Hours Semester taken

Electives (____ hours required by program) Hours Semester taken

Student signature _____ Date _____

Advisor or Program Coordinator signature _____ Date _____

It is the student's responsibility to list all courses in correct categories and to ensure that all transfer work has been recorded on transcript.

Completed application must be submitted to the correct departmental staff for either Elementary or Secondary Education during the first four (4) weeks of the fall or spring semester in which the exam is to be taken, or during the first week of summer school.