

THE UNIVERSITY OF ALABAMA

College of Education  
Special Education and Multiple Abilities Department

SPECIAL EDUCATION COMPREHENSIVE EXAMINATION APPLICATION

Name \_\_\_\_\_ CWID \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Advisor \_\_\_\_\_

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

Have you previously taken the comprehensive exam? (select one)

If so, during which semester/year? \_\_\_\_\_

*\*Completed application must be submitted, with signatures, to the correct departmental staff 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.*

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**Select one of the following:**

**Program Level:**

**Program Area:**

*\*All Special Education Comprehensive Examinations will be given on the computer.*

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor or Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

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**RETURN COMPLETED FORM TO:**

[spema@ua.edu](mailto:spema@ua.edu)

OR

201 Graves Hall

**SUBMIT**