



Application for Comprehensive Exam

THIS FORM MUST BE COMPLETED AND APPROVED THE SEMESTER BEFORE THE REVIEW/EXAM IS TO BE GIVEN!!

Circle a semester to take Exam: Summer / Fall / Spring

Year: _____

Exam to be taken at (circle one): University of the Cumberlands

Alternate Site (with Proctor)

Name: _____

Today's Date: _____

E-mail: _____

Student ID#: _____

Home Address: _____

Home Phone AND Cell: _____

Alternate Site Name/Location: _____

Proctor Name: _____

Proctor School Phone: _____ Proctor Email _____

Hours Completed: _____ Expected Graduation Date: _____

Check Area of Certification in box below:

MAT (Certified only)					MAED					Rank I / Administration / Endorsements						
Elem	MS	Sec	P-12	SPED	Elem/MS/HS	SPED	R/W	Principal	Sch. Counseling	SPED	Elem/MS/HS	Dir. Pupil Personnel	Superintendent	Supervisor	Dir. SPED	Principal

Specialization Area (i.e., Biology, Business, Counseling, etc.): _____

Specialization Area 2 (if applicable): _____

All requirements for the comprehensive examination must be completed as outlined in University of the Cumberlands Graduate Handbook.

Advisor's Signature

Registrar's Signature

Director of Graduate Program's Signature

I understand that it is my responsibility to fulfill all of the requirements for the exam including meeting the required timeline. If not, my exam will be delayed until the next semester. I also understand that I will complete a TC-1 with the Certification officer at the time of my exam review.

Candidate Signature

To be completed by the Registrar:

REQUIREMENTS:	YES	NO
1. 24 hours completed	___	___
2. Research & 2 other required classes completed	___	___
3. Planned Program approved & updated	___	___
4. Intent to Graduate signed	___	___
Comprehensive Exam Date: _____		