

APPLICATION FOR GRADUATE COMPREHENSIVE EXAMINATION
(Return to Graduate Studies Office, UCOM 3360 in the Advising Center or scan to ceps@southalabama.edu)

Name: _____ Jag # J00 _____ Email: _____ @jagmail.southalabama.edu

Address: _____ City: _____ ST: _____ Zip: _____ Phone: _____

Please check and/or complete the following information for the semester in which you plan to complete the comprehensive exam:

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fall _____ | <input type="checkbox"/> Spring _____ | <input type="checkbox"/> Summer _____ |
| <input type="checkbox"/> M.Ed. | <input type="checkbox"/> M.S. | <input type="checkbox"/> Ed.S. |
|
<input type="checkbox"/> Certification Only – Instructional Leadership – 18 Hour Program | | |
| <input type="checkbox"/> Certification Only – All Other Programs (USA Graduate School policy does not allow students to count hours/courses from one Master’s degree toward another Master’s degree. Students holding a valid Alabama Class A certification and a Master’s degree and have been previously approved by their advisor to use a designated number of hours from the previous Master’s degree to complete certification requirements without an additional degree, should mark this classification. Please inquire if you are unsure.) | | |

Department	Program	Major/Concentration
<input type="checkbox"/> Health, Kinesiology, and Sport	_____	_____
<input type="checkbox"/> Leadership & Teacher Education	_____	_____
<input type="checkbox"/> Counseling & Instructional Sciences	_____	_____

Statement of understanding:

I would like to sit for the examination during the semester indicated above. I understand that:

- 1) According to the University of South Alabama Bulletin, the comprehensive examination is to be taken during the **FINAL SEMESTER** in which the student completes his/her requirements.
- 2) I must have applied for graduation through the Registrar’s Office and if I have not, I cannot apply for comps without prior approval from my advisor and the Director of Graduate Studies. (CERT ONLY students do not apply for graduation, so this statement does not apply).

Student Signature

Date