

COUNSELING, EDUCATIONAL PSYCHOLOGY
And SPECIAL EDUCATION

Application for Doctoral Comprehensive Examinations

FALL or SPRING

(Exam semester) (Year)

1. Name _____ Telephone _____

Address _____
(Street address) (City) (State) (Zip)

E-mail address _____

2. Student Number (PID) _____

3. Ph.D. Program Code _____

(Educational Psychology and Educational Technology 6703)

(Learning, Technology and Culture 2295)

(Measurement and Quantitative Methods 2251) **circle one:**

Measurement Major/ Stats Minor **OR** Statistics Major/ Measurement Minor

(Rehabilitation Counselor Ed 2279)

(School Psychology 2275)

(Special education 1727)

4. Semester & Year of first course taken in Ph. D. program _____

5. Prerequisites

a. Have you completed 80% of the designated coursework? (Yes) _____ (No) _____

b. Year passed the Preliminary Exam _____

c. Have you submitted your Research Apprenticeship to your committee?
(Yes) _____ (No) _____

c. Apprenticeship Presentation Date: _____

d. Title of Research Apprenticeship _____

A *copy* of the Research Apprenticeship Form needs to be submitted to the SPRC administrator by either **August 1** prior to the Fall Comprehensive exam date; or by **December 1** prior to the Spring Comprehensive exam date. You will not be allowed to take the exam *unless* this form *with advisor's signature in Part A* has been received by the deadlines listed above.

You may write all or parts of your doctoral comprehensive exam using a word processor. You are expected to make your own arrangements for a computer and software for that purpose. Either MAC or IBM software is acceptable. CEPSE will arrange an appropriate location for you to work. The department reserves the right to inspect the computer you are using prior to the exam and again before accepting a hard copy to your responses.

(continued on back)

6. Have you taken the Comprehensive Exam previously? _____
(No)

(Yes) Date(s)
7. A student who fails the comprehensive examination or part of the examination, must develop a written plan of study that details the steps to be taken to prepare for the retake of the comprehensive exam. This plan must be approved by the advisor and the student's Guidance Committee in consultation with faculty who represent the failed areas of the examination. (From Comprehensive Exam Policy and Procedures - Retakes revised 1/26/04).
- Date study submitted and approved: _____
8. I certify the above information to be accurate and complete.
- _____
(Signature of Student) (Date)
9. I agree to allow CEP faculty to use an online anti-plagerism tool when grading the Comprehensive exam.
- _____
(Signature of Student) (Date)
10. Statement by advisor:
I have checked this application and my records and approve administration of the Comprehensive Examinations to the student during the semester indicated above.
- _____
(Printed name of Advisor) (Signature of Advisor) (Date)
11. Special accommodations requested _____

PROGRAM PLANS

In order to sit for doctoral comprehensive examinations you must have completed 80 percent of the total coursework outlined in your doctoral program plan. This 80% may include classes you are taking during the semester you sit for the exams.

Please attach a copy of your official program plan to this application. Indicate on that copy the courses that you have completed or in which you will be enrolled during the semester you wish to sit for the exams. (You may highlight, underline, or otherwise mark these courses).

ENROLLMENT STATUS

The University requires that you be enrolled for some coursework (may include dissertation credits) during the semester that you sit for your comprehensive exams.

Please deliver (1) the signed application; (2) a copy of your signed program plan; and (3) a copy of your signed apprenticeship form to the exam administrator.