

Mississippi State University
Department of Counseling, Educational Psychology, and Special Education

DOCTORAL WRITTEN PRELIMINARY EXAMINATION APPLICATION

Complete this application, sign, review with your advisor, have advisor sign, then submit to the departmental Records Manager no later than one month prior to the exam date.

Year in which you are applying to take exam: _____

Term in which you are applying to take exam: ___Spring ___Summer ___Fall

School Psychology offers exam only during the month of December.

NOTE: Student must be enrolled in at least a minimum of one credit hour from the program of study during the semester in which he/she sits for the exam.

Name of Applicant: _____

Student ID No.: _____

Mailing Address: _____

E-mail Address: _____

Phone (home/work/cell): _____ / _____ / _____

Name of Advisor: _____

Major: _____
_____ College Counseling
_____ Community Counseling
_____ Rehabilitation Counseling
_____ Student Affairs in Higher Education
_____ School Counseling
_____ Educational Psychology
_____ School Psychology

Minor/Focus: _____

Minor/Focus Advisor: _____

Please list the course(s) to be taken the semester you sit for the exam:

