

2008 COMPREHENSIVE EXAMINATION APPLICATION

Completed application must be submitted to Department Records Manager (Starkville campus) four weeks prior to the exam date as indicated below.

Term in which you are applying to take exam: ___ Spring - March 7, 2008
 ___ Summer - June 27, 2008
 ___ Fall - October 31, 2008

Student must be enrolled in a minimum of one credit hour from the program of study during the semester in which he/she plans to sit for the exam.

Name of Applicant: _____

Student ID No.: _____

Current Mailing Address: _____
(City/St/Zip) _____

Phone: Home/Cell: _____ / _____

Current E-mail: _____

Name of Advisor: _____

Degree: ___ Master's **OR** ___ Education Specialist

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

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

SPECIAL EDUCATION ONLY

Areas to be tested in:	<u>Non-Certified Emotional Behavioral Disorders</u>
(1) <u>General Special Education</u>	(1) <u>Advanced Contingency Management</u>
(2) _____	(2) _____
(3) _____	(3) _____
(4) _____	(4) _____

NOTE: All EBD/non-certified students will take the Advanced Contingency Management question and three EBD questions.

Instructions: Please complete the checklist below to determine the status of your Program of Study and eligibility to sit for the Comprehensive Examination. If you have met the requirement listed, please place an "X" in the blank. **If you have not met the requirement, please contact your Advisor for clarification before you submit your application.**

- ___ 1. My major professor/advisor and I have approved, signed, and dated my Program of Study and the completed **original** is on file with the Department Records Manager on the Starkville campus.
- ___ 2. My cumulative Grade Point Average (GPA) is 3.00 or above.
- ___ 3. I am within 6 credit hours (excluding internship) of completing my Program of Study.
- ___ 4. My major professor/advisor has approved any changes in my original Program of Study using a "Change in Program" form. If not, list the change(s) that need to be processed: _____

- ___ 5. No more than nine hours on my Program of Study were taken in an unclassified status, (taken prior to admission to a graduate degree program).
- ___ 6. Any course on my Program of Study with a grade **lower** than a "C" has been retaken.
- ___ 7. I plan to graduate _____ (date). (Student must apply for Graduation in order to receive their degree. Check with the Register's Office for the deadline to apply for a degree.)
- ___ 8. The combination of workshop or special topic courses (maximum of six semester hours allowed) and special problem courses (a maximum of six semester hours allowed) does not exceed nine semester hours.
- ___ 9. One-half of the courses on the Program of Study are 8000 level courses (7000 level special problems count as 8000 level courses).
- ___ 10. All transcripts for courses transferred from another university have been provided to the Registrar's Office and a copy to the Departmental Records Manager.
- ___ 11. The first course on my Program of Study at Mississippi State University was taken within the past six years.
- ___ 12. If unsuccessful in this attempt at the exam, I will consult with my advisor and submit a "Plan for Success" to the departmental Graduate Coordinator **prior** to my next semester of enrollment. The Plan must include appropriate space for approvals/signatures of your advisor and the Graduate Coordinator.

Student's Signature: _____ **Date:** _____

Advisor's Approval: _____ **Date:** _____

Submit completed application to Department Records Manager for processing at least one month prior to the date comps are given.

DEPARTMENTAL ACTION TAKEN ON APPLICATION

___ Certified to take exam. ___ **NOT** certified to take exam.

Graduate Coordinator signature: _____ **Date:** _____