

# SUL ROSS STATE UNIVERSITY

*A Member of the Texas State University System*

## DEPARTMENT OF EDUCATION

### Master's Degree Comprehensive Examination Application

*A person providing information to Sul Ross State University by means of this form is entitled (with few exceptions) to request, receive, review, and, if desired, correct information about him/her that is incorrect. Texas Government Code, Chapter 559.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am applying to take the Comprehensive Examination for the Master's of Education  
with a major in: \_\_\_\_\_

I wish to take the examination in  April  June  July  November  
of \_\_\_\_\_ (please check one month and enter year)

I have completed the necessary criteria for acceptance:

1. Admitted to candidacy one semester prior to the examination date.  Yes  No
2. Date admitted to candidacy: \_\_\_\_\_
3. Completed and filed an application for graduation.  Yes  No
4. Date filed application for graduation with Dean of Professional Studies: \_\_\_\_\_
5. At the time of comprehensive examination enrolled in last semester of course work.  Yes  No

#### **THIS APPLICATION MUST BE TYPED.**

This form can be found on-line at: <http://www.sulross.edu/pages/3203.asp>

6. List names of professors on committee:

_____	: Chairman	_____
_____	: Member	_____
_____	: Member	_____

I understand that the format for the Comprehensive Examination is:

1. typed on a computer or multiple-choice for Counseling students
2. four (4) hour time length (1 p.m. to 5 p.m.)
3. component areas from major program
4. test taken only on date assigned
5. failure requires an oral exam, additional courses, or other alternatives as determined by the committee and approved by the Department Chair.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

PLEASE RETURN TO:

**SUL ROSS STATE UNIVERSITY**  
**EDUCATION DEPARTMENT**  
**Box C-115**  
**ALPINE, TX 79832**