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  ☐ Summer  ☐ 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 form can be found on-line at: http://www.sulross.edu/page/1775/education-department-forms
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.

_________________________________________        Date
Student’s Signature

_________________________________________        Date
Advisor’s Signature

_________________________________________        Date
Department Chair or Director’s Signature

_________________________________________        Date
Dean’s Signature

PLEASE RETURN TO:

SUL ROSS STATE UNIVERSITY
EDUCATION DEPARTMENT
BOX C-115
ALPINE, TX 79832
FAX: 432 837-8390