Master’s Degree Comprehensive Examination/Portfolio Defense 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/Portfolio Defense for the Master’s of Education with a major in: ________________________________

I wish to take the examination in ☐ Fall ☐ Spring ☐ Summer of ________ (please check one month and enter year)

I have completed the necessary criteria for acceptance:

1. Completed and filed an application for graduation. ☐ Yes ☐ No

2. Date filed application for graduation with the Registrar’s office: ________________

3. 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
4. List names of professors on committee:

_________________________________ : Chairman ___________
_________________________________ : Member ___________
_________________________________ : Member ___________

*Consult with your major advisor early for specific details about program comprehensive examination/portfolio defense requirements.

I understand that the format for the Comprehensive Examination/Portfolio Defense:

1. Typed on a computer, multiple-choice for Counseling students, or web-based for portfolios
2. Four (4) hour time length (1 p.m. to 5 p.m.) or 45 minutes for portfolio defense
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 Signature Date

PLEASE RETURN TO:

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