

SUL ROSS STATE UNIVERSITY

A Member of the Texas State University System

DEPARTMENT OF EDUCATION

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. 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	_____

*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 or Director's Signature

Date

PLEASE RETURN TO:

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