



Application for Comprehensive Examination (M.Ed. in Counselor Education Program ONLY)

Please type or print:

Name: _____ Student ID # _____

Current Mailing Address: _____
Street

_____ Current Phone # _____
City State Zip

Email address: _____
Make sure this address is legible and accurate; it is where your comprehensive exam information will be e-mailed!

- [X] M.Ed. in Counselor Education [] Community Agency Counseling [] School Counseling [] K-8 [] 7-12 [] K-12

I am applying to take the examination in:

- Deadline to apply: [] spring _____ [] summer _____ [] fall _____
Exam Date: last Friday in January 2nd Friday in June 2nd Friday in October
last Saturday in February 2nd Saturday in July 2nd Saturday in November

This examination will be offered at the UAA campus in the College of Education's Computer Lab.

If you need to take the exam off campus, please complete the Proctor information below:

Remember, you cannot be related to or live in the same household as your proctor.

Proctor's Name: _____ Title: _____

Address: _____
Street City State Zip

Phone number: _____ Fax number: _____

Proctor Email address: _____

Return completed form to the CASE program manager by the application deadline.

Applicant's Signature _____ Date _____

Advisor's Signature _____ Date _____

FOR OFFICE USE ONLY
Test # _____ [] entered into data base [] confirmation letter sent [] confirmation received [] GRR to enrollment
Rev February 2009