

**APPLICATION FOR COMPREHENSIVE EXAMINATION
(Turn into the Graduate Studies Office, UCOM 3360, Advising Center)**

Mr./Ms. _____ Jag # J00 _____

Address _____ City _____ ST _____ Zip _____

Official jag email address: _____@jagmail.southalabama.edu Phone: _____

Please check and/or complete:

M.Ed. M.S. Ed.S. Certification ONLY

Fall _____ Spring _____ Summer _____

Department

Program

Major/Concentration

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Health/Physical Ed/Leisure Services | _____ | _____ |
| <input type="checkbox"/> Leadership & Teacher Education | _____ | _____ |
| <input type="checkbox"/> Professional Studies | _____ | _____ |

Statement of understanding:

I would like to sit for the examination during the semester indicated above. I understand that:

- 1) According to the University of South Alabama Bulletin, the comprehensive examination is to be taken during the **FINAL SEMESTER** in which the student completes his/her requirements.
- 2) I must have applied for graduation through the Registrar's Office (N/A for CERT ONLY).
- 3) I must attach a copy of my graduation check sheet (N/A for CERT ONLY).

Student Signature

Date