

PERMIT TO TAKE WRITTEN COMPREHENSIVE EXAM

Read Instructions (over)

University of Northern Colorado

Educational Leadership and Policy Studies

NOTE TO STUDENT: PLEASE COMPLETE SECTION A and the PROGRAM APPROVAL FORM (See Attached)

SECTION A

Name: _____
Last First Initial

Address: _____

MASTER'S DEGREE

Semester/Date of Exam: _____

I request permission to take the comprehensive examination or do the departmentally approved equivalent for the FIRST/SECOND (circle correct one) time. If I do not take the exam during the semester indicated above, then **I agree to apply with a new permit for the semester in which I will take the examination.**

Student Bear Number

Student's Signature

SECTION B THE STUDENT MUST HAVE APPROVAL OF THE PROGRAM ADVISOR

As this student's advisor, I have reviewed his/her academic record and verify that the student has completed and/or is enrolled in the courses listed on the attached Program Approval Form. This student may take the written comprehensive examination or do the departmentally approved equivalent to demonstrate competency.

Print name of Program Advisor

Signature of Program Advisor

SECTION C (For Office Use Only)

Permission to take the comprehensive examination will be granted to students who have:

1. _____ Regular Admission.
2. _____ Has a Plan of Study on file in the Graduate office
3. _____ Completed or currently enrolled in courses to total 27 semester hours.
(See attached Approval Form.)
4. _____ Must have grade point average of at least 3.00.

_____ Eligible

_____ Ineligible

SECTION D

Student Name

Student Bear Number

PLEASE CIRCLE ONE:

HONORS PASSED

PASSED FAILED

DID NOT TAKE

Signature of Program Advisor

Master's Comprehensive Examination Permit

Educational Leadership and Policy Studies

MASTER'S WRITTEN COMPREHENSIVE REQUEST FORM

REQUEST FOR A PERMIT TO TAKE THE WRITTEN COMPREHENSIVE EXAMINATION OR OTHERWISE DEMONSTRATE COMPETENCY IN A MASTER'S DEGREE PROGRAM

Directions:

1. Fill out sections **A** and the **PROGRAM APPROVAL FORM**.
2. Obtain your advisor's signature in **section B** verifying that you have completed or are currently enrolled in all courses required for eligibility to take the comprehensive examination. All requirements for eligibility must be listed on the attached Program Approval Form.
3. Return the form with Sections **A** and **B** completed to the Educational Leadership Office Administrative Assistant. Actual examination dates are set by your major department. You must have the completed form returned to the Educational Leadership Office at least three weeks in advance of the actual test date.

**YOUR REQUEST MUST HAVE THE APPROVAL OF THE ADVISOR BEFORE YOU
TAKE THE WRITTEN COMPREHENSIVE.**