

University of Northern Colorado
SCHOOL OF SPECIAL EDUCATION

PERMISSION TO TAKE COMPREHENSIVE EXAMINATION

Complete this application, obtain advisor's signature, and submit to the School of Special Education office (McKee 29) **no later than two weeks prior** to the scheduled exam.

Semester of Exam:

- Fall Spring Summer

I am requesting permission to take comps for the **first** time in the following area:

- Generalist
- VI O&M
- Deaf/Hard of Hearing
- Early Childhood Special Ed.
- Doctoral

I am requesting permission to **retake** comps. I will retake in the area of:

- Generalist General Knowledge Generalist Collaboration Generalist Pedagogy
- VI O&M
- Deaf/Hard of Hearing
- Early Childhood Special Ed.

Please **PRINT** clearly:

Name

Student number:

Last, First Middle

Mailing Address:

Street City State ZIP

Telephone (home): _____ Telephone (work): _____

Email Address:

Student Signature (date)

Advisor Signature (date)