



College of Education and Behavioral Sciences
Comprehensive Examination Results

Name _____
Last

First

Bear Number _____
Semester of Exam

Type of Exam

Please select your unit/program

APCE

ASRM

ELPS/HESAL

Psychological Sciences

School Psychology

Special Education

Teacher Education

Other

Results

1st Attempt

2nd Attempt

Passed

Passed

Failed

Failed

Signature of Coordinator

Date