

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 2 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
- Gifted and Talented
- Intervention Specialist
- Doctoral

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

- Generalist
- VI O&M
- Deaf/Hard of Hearing
- Early Childhood Special Ed
- Gifted and Talented
- Intervention Specialist

Please **PRINT** clearly:

Name

Last, First, Middle

Bear Number

Mailing Address

Street

City

State

Zip

Telephone (home)

Telephone (work)

Email Address

Student Signature

date

Advisor Signature

date