University of Northern Colorado  
School of Special Education  

PERMISSION TO TAKE COMPREHENSIVE EXAMINATION

Complete this application and send to your advisor for signature **no later than 2 weeks** prior to the scheduled exam. Your advisor will submit the signed form to the School of Special Education office (McKee 29).

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:

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Last, First, Middle

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Street  
City  
State  
Zip

Telephone (home)  
Telephone (work)  

Bear E-mail

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<th>Student Signature</th>
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