

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:

Name

Last, First, Middle

Bear Number

Mailing Address

Street

City

State

Zip

Telephone (home)

Telephone (work)

Bear E-mail

Student Signature

date

Advisor Signature

date