



**College of Education and Behavioral Sciences**  
*Comprehensive Examination Form: Permission & Results*

Name \_\_\_\_\_  
Last First

Bear Number \_\_\_\_\_ Email \_\_\_\_\_

Semester of Exam \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Exam

APCE

Please select your unit/program

ASRM

ELPS/HESAL

Psychological Sciences

School Psychology

Special Education

Teacher Education

Other

Each Program in the College of Education and Behavioral Sciences has specific guidelines in order to take the comprehensive examination. By signing this section, the advisor acknowledges that the student meets all qualifications listed for their program.

Printed Name of Advisor \_\_\_\_\_ Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

**Results**

1st Attempt

2nd Attempt

Passed

Passed

Failed

Failed

Notes: \_\_\_\_\_ Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_