APPLICATION FOR COMPREHENSIVE EXAMINATION
(Turn into the Graduate Studies Office, UCOM 3360, Advising Center)

Mr./Ms. _____ Jag # J00_____

Address_____City_____ST _____ Zip_____

Official jag email address: _____*@jagmail.southalabama.edu* Phone: _____

Please check and/or complete:

M.Ed. M.S. Ed.S. Certification ONLY

Fall _____ Spring _____ Summer _____

Department	Program	Major/Concentration
Health/Physical Ed/Leisure Services	_____	_____
Leadership & Teacher Education	_____	_____
Professional Studies	_____	_____

Statement of understanding:

I would like to sit for the examination during the semester indicated above. I understand that:

1) According to the University of South Alabama Bulletin, the comprehensive examination is to be taken during the **FINAL SEMESTER** in which the student completes his/her requirements.
2) I must have applied for graduation through the Registrar's Office (N/A for CERT ONLY).
3) I must attach a copy of my graduation check sheet (N/A for CERT ONLY).

_____ _____

Student Signature Date