Deadline for submitting this application is **February 15, 2011.** Submit this form to Jessica Craig, **MB 3.324.** Late or incomplete forms will not be accepted. Incomplete forms will be returned to the student.

The comprehensive exam will be held on **Saturday, March 26, 2011, from 9:00 A.M.-12:00 P.M. in MB 0.328 (COEHD) Computer Lab.** Students will be notified of their results by UTSA e-mail and regular mail.

Name: ___________________________________ Banner ID: @ ______________________
*(please use your full, legal name)*
Degree: ___________________________________
*(write MS/HKN or MA/EDU/KHPR)*

Check the following requirements:

1. Registered for EDU 6961.003 (CRN 23196), Comprehensive Exam, IF TAKING NO OTHER COURSES
2. Currently in Academic Good Standing (GPA of 3.0 or higher)
3. Have completed all required core courses
4. Have degree plan on file (Met with advisor and signed program of study)
5. Have applied for graduation*

*(Students apply for graduation via ASAP. Students who applied for graduation in any given term, but did not graduate in that term, must reapply for graduation.)*

PLEASE FILL OUT THE REQUIRED INFORMATION BELOW:

1. Course name/number: ________________________________________________________________
   Course Title: _______________________________________________________________________
   Instructor: ___________________________ Instructor’s signature: ___________________________

2. Course name/number: ________________________________________________________________
   Course Title: _______________________________________________________________________
   Instructor: ___________________________ Instructor’s signature: ___________________________

3. Course name/number: __________________________________________________________________
   Course title: _________________________________________________________________________
   Instructor: ___________________________ Instructor’s signature: ___________________________

Student’s signature: ___________________________ Date: ___________________________
Advisor’s signature: ___________________________ Date: ___________________________