Mississippi State University
Department of Counseling, Educational Psychology, and Special Education

2008 COMPREHENSIVE EXAMINATION APPLICATION

Completed application must be submitted to Department Records Manager (Starkville campus) four weeks prior to the exam date as indicated below.

Term in which you are applying to take exam:   ____  Spring     –   March 7, 2008
       ____  Summer  –   June 27, 2008
       ____  Fall      –   October 31, 2008

Student must be enrolled in a minimum of one credit hour from the program of study during the semester in which he/she plans to sit for the exam.

Name of Applicant:  ________________________________________________________

Student ID No.:  ____________________________________________________________

Current Mailing Address:  ___________________________________________________
(City/St/Zip)  _____________________________________________________________

Phone:  Home/Cell:  _______________________________ / _____________________________

Current E-mail:  _____________________________________________________________

Name of Advisor:  ____________________________________________________________

Degree:  _____ Master’s  OR  _____ Education Specialist

Major:  _____ College Counseling       _____ Educational Psychology
       _____ Community Counseling       _____ School Psychology
       _____ Rehabilitation Counseling  _____ Special Education
       _____ School Counseling          _____ Student Affairs in Higher Education

Please list the course(s) to be taken during the semester you sit for the exam:

___________________________________________________________________________
___________________________________________________________________________

SPECIAL EDUCATION ONLY

Areas to be tested in:  Non-Certified Emotional Behavioral Disorders

(1)  General Special Education  (1)  Advanced Contingency Management
(2)  ____________________________  (2)  ____________________________
(3)  ____________________________  (3)  ____________________________
(4)  ____________________________  (4)  ____________________________

NOTE:  All EBD/non-certified students will take the Advanced Contingency Management question and three EBD questions.
Instructions: Please complete the checklist below to determine the status of your Program of Study and eligibility to sit for the Comprehensive Examination. If you have met the requirement listed, please place an "X" in the blank. If you have not met the requirement, please contact your Advisor for clarification before you submit your application.

____ 1. My major professor/advisor and I have approved, signed, and dated my Program of Study and the completed original is on file with the Department Records Manager on the Starkville campus.

____ 2. My cumulative Grade Point Average (GPA) is 3.00 or above.

____ 3. I am within 6 credit hours (excluding internship) of completing my Program of Study.

____ 4. My major professor/advisor has approved any changes in my original Program of Study using a "Change in Program" form. If not, list the change(s) that need to be processed: ____________________________
_____________________________________________________________________________________

____ 5. No more than nine hours on my Program of Study were taken in an unclassified status, (taken prior to admission to a graduate degree program).

____ 6. Any course on my Program of Study with a grade lower than a "C" has been retaken.

____ 7. I plan to graduate _____________ (date). (Student must apply for Graduation in order to receive their degree. Check with the Register’s Office for the deadline to apply for a degree.)

____ 8. The combination of workshop or special topic courses (maximum of six semester hours allowed) and special problem courses (a maximum of six semester hours allowed) does not exceed nine semester hours.

____ 9. One-half of the courses on the Program of Study are 8000 level courses (7000 level special problems count as 8000 level courses).

____ 10. All transcripts for courses transferred from another university have been provided to the Registrar's Office and a copy to the Departmental Records Manager.

____ 11. The first course on my Program of Study at Mississippi State University was taken within the past six years.

____ 12. If unsuccessful in this attempt at the exam, I will consult with my advisor and submit a “Plan for Success” to the departmental Graduate Coordinator prior to my next semester of enrollment. The Plan must include appropriate space for approvals/signatures of your advisor and the Graduate Coordinator.

Student's Signature: ___________________________________________ Date: _____________

Advisor’s Approval: ___________________________________________ Date: _____________

Submit completed application to Department Records Manager for processing at least one month prior to the date comps are given.

DEPARTMENTAL ACTION TAKEN ON APPLICATION

____ Certified to take exam.  ______ NOT certified to take exam.

Graduate Coordinator signature: ___________________________ Date: ___________