Student's Signature:

## **Comprehensive Examination Registration**

Please complete and return this application to ED-CISEgrad@msstate.edu.

This does not register you for graduation. Please see The Graduate School for information pertaining to graduation.

9-digit MSU ID#		Last Name	First Name	Mid	ddle Name	NetID	
Permanent Mailing Address Cit		y St		te	Zip		
Non-MSU Email:							
am eligible to take		mprehensive exam nin. 1 hour, within lo		No gree, have min	. 3.00 GPA)		
I am registering to	take the	following exam:					
Term:	Spring		Summer		Fall	Fall	
Campus:	Starkville		Meridian	Online			
Degree:	Master of Science		Education S <sub>l</sub>	<b>Education Specialist</b>			
Major:	Elementary Education		Secondary E	Secondary Education		Special Education	
Major Professor:							
SECONDARY ED ONLY		Content Area: English		Social Studies			
			Math	Biology/Ch	Biology/Chemistry/Physics		
SPECIAL ED ONL	<b>Y</b> Lic	ensure Area: Licensure in Emo	otional/Behavioral	Disorders			
	Emotional/Behavioral Disorders (non-licensure)						
	Emotional/Beha	vioral Disorders					
	Mild/Moderate Disabilities and Emotional/Behavioral Disabilities						
		Mild/Moderate	Mild/Moderate Disabilities with additional licensure in Gifted Education				
		Mild/Moderate	Disabilities with ac	dditional licen	sure in Severe	e Disabilitie	

Date: \_\_\_\_\_