Master of Education (M.Ed.) Comprehensive Examination Application
University of South Carolina - College of Education

www.ed.sc.edu/sa/student.htm

Complete the top section of this form prior to obtaining your advisor’s signature below. Upon receipt of advisor’s signature, sign and date where indicated and return to the COE Office of Student Affairs, Wardlaw 113.

Requested Test Date: ____________________________

Ms. _________________________________________________________________________________________
Mr. _________________________________________________________________________________________
Address ______________________________________________________________________________________
E-mail _______________________________________
SS# ___________________________ Phone: Day _____________________ Evening _______________________ Have you previously taken the exam? (   ) Yes     (   ) No

Please check the field in which you are seeking your degree:
(   ) Counselor Education    (   ) Special Education
       (   ) Marriage & Family    (   ) Early Childhood Special Education
       (   ) School                (   ) Emotionally/Behavioral Disabilities
       (   ) Educational Research (   ) Learning Disabilities
       (   ) Educational Technology (   ) Mild Intellectual Disabilities
       (   ) Higher Education and Student Affairs (   ) Severe Intellectual Disabilities
       (   ) Language and Literacy (   ) Teaching
       (   ) Secondary Education
           Subject/Area ______________________

As the above student’s advisor, I recommend that he/she take the examination provided that the following requirements have been met:
1. Student is admitted to degree candidacy as evidenced by an admission letter.
2. Student has on file with the College of Education Office of Student Affairs an approved master’s program of study signed by the Dean of the Graduate School.
3. Student has completed at least 21 semester hours of graduate work required in the program.
4. A minimum grade point average of 3.00 (B), based upon all courses completed within a six year period, on the following:
   a. all completed graduate course work and all 700 level and above course work included in her/his program.
   b. all completed graduate work and all 700 level and above course work completed at the University.

_______________________________________________  __________________________________
Advisor’s Signature      Date

By signature below, I understand that it is my responsibility to return this form, signed by my advisor, to the College of Education Office of Student Affairs, Wardlaw 113, before the application deadline.

_______________________________________________  __________________________________
Student’s Signature      Date

OSA/OfficeForms/Master’sCompExamApplication7/07