

**The School of Graduate Studies at Salem State College
Comprehensive Exam Application**

Please indicate your program of study:

M.Ed. _____
 Initial Licensure Professional Licensure

M.A.T. _____

M.A. _____
(Area of concentration)

M.S. _____
(Area of concentration)

NAME: _____
(Last) (First)

SSC Student ID#: _____

ADDRESS: _____
(Street) (City/State) (Zip code)

PHONE #: _____

E-mail address: _____

Number of credits earned in your graduate program: _____

****NORMALLY, CANDIDATES SHOULD NOT TAKE THE COMPREHENSIVE EXAM UNTIL 24 CREDIT HOURS HAVE BEEN COMPLETED IN THEIR FIELD****

Please indicate any courses in which you are currently enrolled:

Course number and title: _____

Course number and title: _____

What is your anticipated month and year of graduation? _____
(Month) (Year)

What is your testing preference (check one)? Pencil/paper Computer

Along with applying to take the comprehensive exam, you should be aware of the following general policies of the School of Graduate Studies:

- A student is allowed two attempts to pass the comprehensive examination.*
- Any student who fails all or part of the exam will need to *re-apply* to retake the exam on the next scheduled exam date. The application fee is waived for the retake of the exam.
- Any registered student who does not appear as scheduled to take the exam **and** who has not informed the School of Graduate Studies in writing of his/her anticipated absence will be considered a NO-SHOW. All NO-SHOWS will need to re-apply, **including** the \$35 application fee, to take the exam on the next scheduled exam date.
- A student must notify the School of Graduate Studies in writing prior to the exam if he or she will not be present to take the exam **and** if he or she intends to take the exam on the next scheduled exam date. Such unexpected circumstances should be written in the form of an email to the Assistant Dean, Dr. Elizabeth Kenney, at ekenney@salemstate.edu. Requests to reschedule the exam will be addressed on a case by case basis.

Please enclose your \$35.00 application fee in the form of a check or money order, payable to: Salem State College

Student Signature: _____

Date: _____

I am applying to take the comprehensive exam (check one): Spring 2009 Summer 2009 Fall 2010

* Salem State Graduate Course Catalog, 2008-2010, p. 28.