

## REGISTRATION FORM CAPSTONE COMPREHENSIVE EXAMINATION MASTER OF EDUCATION

	MAJOR FIELD				
Name		Student ID #			
Address					
1100100	Street or Box	City		State	Zip
Telephone #:	Home		Work		
	The written examination will consist	of no more than 10 questi	ons and will be adm	ninistered:	
Date:	Location:		Time:		
	(Ro	om number will be posted.)			
	Major Advisor				
	<u> </u>	Signature		•	
	Department Chair				
		Signature			
program. Two responsible fo The student m	on will consist of six to ten essay questions so questions must come from professional cour securing questions and study guides from a pay bring only a dictionary, pencils/pens, and doccur for no more than four hours.	arses with the remainder dec tt least 2 other faculty memb	ided on by the advisor ers besides him/hersel	The major ad	visor is
The results of	the written test will be made available to the	student within at least three	weeks of the test date	e. Any informa	tion
	professional courses required for a Master's courses. Beside each provide the name of the	_	-	s you have take	n and at
	Course		Professor		
	Intro to Research				
	Intro to Couns & Guidance				
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