

**Application to Take Comprehensive Examination
College of Education
Special Education Intensive Study Area
University of Northern Iowa
Doctor of Education**

Application for: Summer _____ Fall _____ Spring _____

Student Name

Student Number

Date admitted to candidacy

Address (to which results should be sent)

Hours completed _____ Hours enrolled now _____ Graduate Grade Point _____

ADVISOR'S CERTIFICATION

Student has completed, or will complete with this registration,

- a) the program of study on the application for candidacy _____ Yes _____ No (check one)
If yes, go to next item; if no, answer item b) before going to next item.

- b) at least 80% of the program of study on the application for candidacy _____ Yes

List any coursework/seminars/practica yet to be completed.

Student has completed the residency requirement (or will complete the requirement).

Identify the terms and number of hours of registration that will be used to satisfy the residence requirement

Advisor

Date

ISA Department Head/ISA Chair

Date

COE Dean's Office

Date