

Record of Comprehensive Examinations
For Educational Specialist Degree Candidates

Check if this is a re-examination because of expired time limits.

Student's Name: _____ Student PID: _____

College of Education Department: _____

Program Code: _____ Program Name: _____

Semester and Year of First Course Counted towards this Degree: _____

Result of Case Analysis Exam (CEP893K): *Student must be enrolled in at least 1 credit on exam date.*

Field _____

Examination Date (MM-DD-YY): _____ Passed
Failed

Examiner(s): _____

Result of Praxis II Exam (thru ETS): *Student must be enrolled in at least 1 credit on exam date.*

Field _____

Examination Date (MM-DD-YY): _____ Passed
Failed

Examiner(s): _____

Overall Pass or Fail? _____

Overall Pass/Fail Date: _____

Student must be enrolled in at least 1 credit on exam date.

Signed _____ Date _____
Program Coordinator - Name:

Signed _____ Date _____
Dept. Chairperson - Name:

Signed _____ Date _____
Kristine Bowman, Associate Dean