

## Master of Education- Professional Development Comprehensive Exam Registration Form

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>UW-L Student ID</b>
<b>Street Address</b>		<b>City/State/Zip</b>	
<b>Phone Number(s)</b>	<b>Email Address</b>		<b>Exam Term/Year</b>

### *Exam Committee Members:*

<b>Exam Committee Members:</b>						
<b>1</b>	<b>Name:</b>					
	<b>Office:</b>		<b>Phone:</b>		<b>Email:</b>	
	<b>Class(es) &amp; Terms Taught:</b>					
<b>2</b>	<b>Name:</b>					
	<b>Office:</b>		<b>Phone:</b>		<b>Email:</b>	
	<b>Class(es) &amp; Terms Taught:</b>					
<b>3</b>	<b>Name:</b>					
	<b>Office:</b>		<b>Phone:</b>		<b>Email:</b>	
	<b>Class(es) &amp; Terms Taught:</b>					

I have met with the above-listed individuals and each has agreed to write and evaluate two questions for my Comprehensive Examination. I have been enrolled in at least one course with each Committee Member within the past three years. Each Committee Member has Graduate Faculty Status at UW-La Crosse. At present, I have earned at least 30 graduate credits for my ME-PD program and have read and understand the Policies for the ME-PD Program Comprehensive Examination.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY:</b> Director: <input type="checkbox"/> Approve <input type="checkbox"/> Deny Reason:	Graduate Faculty Status: <input type="checkbox"/> Committee Member #1 <input type="checkbox"/> Committee Member #2 <input type="checkbox"/> Committee Member #3	<input type="checkbox"/> Meets Credit Req. <input type="checkbox"/> Computer <input type="checkbox"/> Blue Book
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