EDUCATIONAL PSYCHOLOGY

MASTERS COMPREHENSIVE EXAMINATION

Complete this form and return it to Allison Jones at least one week prior to the scheduled exam date. You will be notified by e-mail of the location of the examination.

TEST DATE: ____________________________ NUID: __________________

NAME: __________________________________________________________

ADDRESS: ___________________________________________________________________________________________

E-MAIL: ____________________________ ADVISOR: _______________________

PROGRAM: __________________________ EXPECTED GRADUATION DATE: __________

Students are required to complete a minimum of three subtests. Counseling students should select one of the track options and two other tests. CLD students should select Cognition & Learning and Development and one of the three subtests from the QQPM area. QQPM students should select two subtests from QQPM plus either Development or Cognition & Learning. School students should select Development, Measurement, and Behavioral Learning.

*Selection of the subtests to be taken should be made by the student in consultation with his/her advisor.*

COUNSELING (Required for Counseling students; select one)

☐ COMMUNITY COUNSELING TRACK
☐ SCHOOL COUNSELING TRACK

COGNITION & LEARNING and DEVELOPMENT

☐ COGNITION & LEARNING
☐ DEVELOPMENT

QQPM

☐ MEASUREMENT
☐ RESEARCH METHODS
☐ STATISTICAL METHODS

SCHOOL

☐ BEHAVIORAL LEARNING

__________________________________________________________
Student Signature

__________________________________________________________
Advisor Signature

Learning Objectives for each test can be found at