

**College of Education
School of Educational Policy and Leadership**

**MASTER'S EXAMINATION
ALTERNATE FORMAT OR ALTERNATE DATE**

Student's name _____

Advisors's name _____

Please check the appropriate box and provide any necessary information:

ALTERNATIVE DATE/TIME

_____ I will not be taking the exam at the time proctored by the School of Educational Policy and Leadership. Instead, I will be taking the exam at a time upon which my advisor and I have agreed. All arrangements for taking the exam are between me and my advisor.

Date _____ *Time* _____ *Proctor* _____

ALTERNATIVE FORMAT

_____ There will be an alternative format in lieu of the four-hour comprehensive examination.

Action Research Project: _____ Case Study: _____ Other: _____

Student's signature _____

Faculty adviser's signature _____

Master's Examination Report Forms and Evaluation Forms will be sent directly to the faculty advisor. Completed forms are to be returned to the Office of Student Services and Graduate Studies, 122 Ramseyer Hall, by the deadline.