

**University of Massachusetts Lowell  
Graduate School of Education**

**APPLICATION FOR SECOND COMPREHENSIVE EXAM  
OR QUALIFYING EXAM**

Name \_\_\_\_\_

Address \_\_\_\_\_

UML e-mail \_\_\_\_\_

I. Degree program in which you are enrolled

\_\_\_\_\_ C.A.G.S.

\_\_\_\_\_ Ed.D.

II. Area in which you request permission to take the exams

Language Arts & Literacy (Specify focus: \_\_\_\_\_  
\_\_\_\_\_)

Date of exam: \_\_\_\_\_

Date to submit responses: \_\_\_\_\_

Leadership in Schooling (Specify focus: \_\_\_\_\_  
\_\_\_\_\_)

Date Qualifying exam is submitted: \_\_\_\_\_

Mathematics Education (Specify focus: \_\_\_\_\_  
\_\_\_\_\_)

Date Qualifying exam is submitted: \_\_\_\_\_

Science Education (Specify focus: \_\_\_\_\_  
\_\_\_\_\_)

Date Qualifying exam is submitted: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date received in Dean's Office \_\_\_\_\_

