## DEPARTMENT OF ENGLISH

Faculty of Arts and Sciences University of Puerto Rico Mayagüez Campus PO Box 9000 Mayagüez, Puerto Rico 00681-9000 (787) 832-4040 – Ext. 3064



## DEPARTAMENTO DE INGLÉS

Facultad de Artes y Ciencias Universidad de Puerto Rico Recinto Universitario de Mayagüez Apartado Postal 9000 Mayagüez, Puerto Rico 00681-9000 (787) 832-4040 – Ext. 3064

## MASTER OF ARTS IN ENGLISH EDUCATION PROGRAM REQUEST TO TAKE THE MAEE COMPREHENSIVE EXAM (Rev. Feb 2012)

This form must be submitted the semester prior to taking the examination. Students who have not submitted this form one semester prior to taking the examination will not be allowed to register for or take the examination.

(Submit the original to the Department Chair and a copy to the Graduate Program

Name:				
Last name/s (as it appears on your regi	stration) First name MI			
Student Number:				
Telephone:	_E-mail:			
Current date:	Semester of Exam:			

Coordinator)

I hereby request to take the **MAEE Comprehensive Examination**. I have read the Examination Policy and Study Guide and have met with my committee members to assemble a reading list, prepare study questions, define the topic for the specialization question, and schedule all components of the examination.

Please attach to this sheet your proposed reading lists for all three questions. The three separate reading lists should follow the appropriate format for a works cited page and include all necessary citation information. Each reading list should include a minimum of twenty recent academic sources (scholarly journals, book chapters or books, dissertations, etc) for each part of the exam (Applied Linguistics, Pedagogy, and the specialization). This reading list is developed by the student in close consultation with his/her committee members. The student and his/her chair will also decide which form of citation will be used (MLA or APA). Sources on the list may overlap.

Our agreements are indicated below:

Applied Linguistics Exam	Date:
Pedagogy Exam	Date:
Specialization Question	Start Date: day, mm/dd/yyyy  Finish Date: day, mm/dd/yyyy (no more than 14 days total from the time of start to the time of finish)  Study Questions:  1 2 3 3 3.

Date of Oral Defense:		Time:	
day, mm/dd/yyy	y		
I understand that this request commits me to to defending the specialization question on the declassroom exam on these dates, I must file an at least ten working days before the date of the Cancellation will result in this Request counti	ates indicated above. If I dec MAEE Comprehensive Exam e first exam. Failure to subm	ide not to take the  a Cancellation Request it a timely	
Student's Signature	Date	mm/dd/yyyy	
Committee Chair's Signature	Date	mm/dd/yyyy	
Committee Member's Signature	Date	mm/dd/yyyy	
Committee Member's Signature	Date	mm/dd/yyyy	
Graduate Program Coordinator's Signature	Date	mm/dd/yyyy	
Department Chair's Signature	Date	mm/dd/yyyy	