



COMPREHENSIVE EXAMINATION APPLICATION
CLINICAL MENTAL HEALTH COUNSELING/SCHOOL COUNSELING

Please complete the application and submit to your academic advisor. If you are planning to sit for the Fall Semester exam, the application is due no later than 12pm on August 25th. If you are planning to sit for the Spring Semester exam, the application is due no later than 12pm on January 25th.

Student's name: \_\_\_\_\_

Student's ID number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Date to Graduate: \_\_\_\_\_

Please check the items that apply:

I am applying to take the Comprehensive Examination at the following administration month:

\_\_\_\_\_ October \_\_\_\_\_ March

I am planning to graduate from the following program:

\_\_\_\_\_ Clinical Mental Health Counseling \_\_\_\_\_ School Counseling

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This candidate is eligible to take the Comprehensive Examination for the Master of Clinical Mental Health Counseling or School Counseling.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application for the October exam is due not later than 12pm on August 25th. Application for the March exam is due no later than 12pm on January 25th.