Counseling Comprehensive Exams Application

Indicate Semester/Year you wish to ta	ake comps: Fall	Spring	
Expected Date of Graduation Semeste	er/Year: Fall	Spring	
Concentration (check one):			
School Clinical Rehabilitation	Rehabilitation	Clinical Mental Health	
Educational Specialist			
Doctorate			
Catalog Year			
Student Information:			
Email(Write legibly or type because this is ho	w you will be notified	of your results.)	
Name:	U ID:		
Address:			
Place of Employment:	Present Job	Title:	
Work Address:			
Certification	of Completion of Pr	ogram of Studies	
I hereby certify that I have satisfactorily fulfilled all the requirements specified in higher). Or that I am now currently enrostatement and now have a graduate GPA	n the graduate catalog olled incourses which t	(including having a current G	SPA of 3.0 or
Student Signature	Date		
Advisor Signature	Date	Advisor's name printed/ty	ped
Deadline to Submit: Fall: September 15 Spring: February 15	Test Date: First Friday in Nover First Friday in April	mber	

^{**} You will be notified by email with specific instructions on the next steps in the process. It is crucial that you follow the instructions in order to be admitted to the exam.

^{**} You will be notified **by email** where and what time the test will be.
** You will be notified **by email** of your results.