

DEPARTMENT OF COUNSELOR EDUCATION

Application to Take Written Comprehensive Examination

RU ID Number: _____

Name: _____

Address: _____

Advisor: _____

Date of Graduation: _____

Major: _____ Clinical Mental Health Counseling

_____ School Counseling

_____ Student Affairs

Date Comprehensive Requested: _____

Courses Needed to Complete Program:

I Prefer to Take the Written Examination by:

_____ Hand-Written

_____ Use a Computer

Signatures:

Student: _____

Advisor: _____

Date Confirmed: _____

(Please submit this form in typed format for faculty approval.)