**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY**

**Department of Counseling
Application for Comprehensive Exam**

All Information Must Be Typed

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| Last Name:       |  First Name:       |  Middle Initial:   |
| BANNER ID:       | Email Address:       |
| Mailing Address:       | City:       | State:    | Zip:       |
| Phone: (     )     -      | Mobile Phone: (     )     -      |
| **GRADUATE DEGREE PROGRAM** |
| Master of Science (M.S.)[ ]  0180 School Counseling[ ]  0181 Mental Health Counseling - Clinical[ ]  0281 Mental Health Counseling – RehabilitationDoctor of Philosophy (Ph.D.)[ ]  0443 Rehabilitation Counseling & Rehabilitation Counselor Education | I plan to take the Comprehensive Exam in:[ ]  Fall [ ]  Spring [ ]  Summer Year:         Current GPA:       |
| **List all courses taken and the grade achieved. Attach a copy of your unofficial transcript.** |
| Course | Grade |  | Course | Grade |
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I understand that a passing score on the CPCE, CRCE, or doctoral comprehensive exam is required for graduation from my respective degree program. If I fail my exam, I am required to re-apply and pay for all applicable fees. **The Comprehensive Exam may only be taken twice.**I have met with my assigned advisor and all information is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature** **Date**
This student has taken the required number of courses to eligible to take the Comprehensive Exam.

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**Advisor’s Signature** **Date**

This student has paid the required fee and is eligible to take the Comprehensive Exam.

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**Staff Signature** **Date**

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