**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 – Rehabilitation Doctor 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.

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**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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