

THIS FORM IS TO BE COMPLETED BY THE STUDENT AND RETURNED TO THE DEPARTMENT OF EDUCATION AND HUMAN SERVICES CHAIRPERSON AT LEAST ONE MONTH PRIOR TO THE EXAMINATION.

VILLANOVA UNIVERSITY
DEPARTMENT OF EDUCATION AND HUMAN SERVICES

**APPLICATION FOR COMPREHENSIVE EXAMINATION
COUNSELING AND HUMAN RELATIONS**

I wish to be registered for the Comprehensive Examination in **Counseling and Human Relations**, which is scheduled for

_____.

NAME _____
 First Middle Last

VILLANOVA ID # _____

ADDRESS _____
 Street

 City State Zip Code

TELEPHONE NUMBER _____

_____ Quality Point Average
_____ Semester hours completed (including present registration)
_____ Please check if this is a re-examination.

CO-ORDINATOR'S APPROVAL _____ DATE _____

CHAIRPERSON'S SIGNATURE _____ DATE _____

Please check major area of concentration:

_____ Elementary School Counseling
_____ Secondary School Counseling
_____ Community Counseling