

APPLICATION FOR MASTER'S DEGREE COMPREHENSIVE EXAMINATION

DEPARTMENT OF PSYCHOLOGY AND COUNSELING

TARLETON STATE UNIVERSITY

This is to certify that I am attending my last required class by the application deadline and have an official degree plan on file. I wish to make application for the comprehensive examination to be administered by the department in:

_____April _____July _____November

My Committee Chair is: _____

My Committee Members are: (1) _____

(2) _____

My major is: () MEd – Counseling () MS – Counseling Psychology (LPC)

() SSP – School Psychology () MS – Counseling Psychology (LMFT)

() MS – Educational Psychology (LPA)

The classes I am currently enrolled in include: _____

I have taken the Comprehensive Examination before: () No () Yes _____
Date

Printed Name: _____

Signature: _____

Tarleton ID Number: _____

Address: _____

Telephone Number: _____

Email: _____

Test Dates
Given in April
Given in July
Given in November

Application Deadlines
March 1
June 1
October 1

Return this form to the department office by the application deadline.
Box T0820, Stephenville, TX 76402