

Submit this form to Haley Hillebrand, Coordinator of Graduate Counseling Programs (hillebrand@txwes.edu; fax: 817.531.4935) by the deadline for the semester in which you intend to sit for the exam. Only completed forms will be accepted, no exceptions.

Graduate Counseling Programs Comprehensive Examination Registration Form

Semester of Exam: SUE_____ FA_____ SP_____

Name: _____

Student ID#: _____

Email: _____@txwes.edu

Degree Plan: **LPC** or **LMFT** or **School Counseling**

Examination: **LPC** or **LMFT**

Only completed forms will be accepted, no exceptions.