

**Montclair State University  
Department of Counseling and Educational Leadership**

**Please remember that you must also complete The Graduate School application to take the comprehensive exam. Submit both forms to the department office. Thank you.**

Student's Name \_\_\_\_\_ Student Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Semester in which exam is to be taken:     Fall    Spring 20\_\_\_\_

**\*\*Students must attach a \$45.00 check or money order payable to CCE  
(Center for the Credentialing & Education)\*\***

Previous Attempts    0    1    2

If you have taken the exam before, have you met with your advisor to review your results?    Yes    No

Do you require an ADA accommodation?    Yes    No

If yes, please attach a verification statement from the Office for Students with Disabilities specifying the required accommodation(s).

**Do not write below this line. For office use only.**

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Number of credits completed in program (minimum 33 cr.) \_\_\_\_\_ Current G.P.A. \_\_\_\_\_

Completed courses in program    584/559    577    588    595    552/666

Comments \_\_\_\_\_

ADA arrangements \_\_\_\_\_

Approved    Denied

Reason for denial \_\_\_\_\_

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Signature of Program Coordinator or Department Chair (in coordinator's absence)

Date