



**LOYOLA  
UNIVERSITY  
NEW ORLEANS**

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Department of Counseling

### **Comprehensive Exam Application**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Total Number of Hours Completed: \_\_\_\_\_

Grade Point Average \_\_\_\_\_

Courses Currently Enrolled:

Course Title

Course Number

Semester/Year

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Student has been approved to take comprehensive examination.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date