



# AUGUSTA UNIVERSITY

## Reservation for the Counselor Preparation Comprehensive Exam (CPCE)

Testing and Disability Services - Galloway Hall  
1120 15<sup>th</sup> Street  
(706) 737-1469

Completion of this form and the payment of fees for \$75 for the CPCE reserve the space and material needed for testing. **Fees are non-refundable/non-transferrable and are due at the time of registration. If you have a disability and need accommodations, please submit your accommodation request to the Director of Testing and Disability Services.**

Name (Please Print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TEST DATE: \_\_\_\_\_

***I understand that if I am absent on the day of my scheduled exam, I will forfeit my paid testing fees.***

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

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\_\_\_\_\_ is registered for the CPCE to be

Given at 9:00am in the Testing Center, located in Galloway Hall on the first floor of Augusta University. **Please do not report until 8:45 am make sure to bring a valid photo ID with a signature!**

***You must pay for parking. This can be done via the ParkMobile App. If you do not pay for parking, you will be responsible for a \$50.00 fine.***

***Fees are non-refundable and non-transferable.***

<b>Test Date:</b>	<b>Registration Deadline:</b>	<b>Test Date:</b>	<b>Registration Deadline:</b>
September 16 2024	August 16 2024	January 13 2025	December 13 2024
November 18 2024	October 18 2024	March 10 2025	February 10 2025

\_\_\_\_\_  
Signature of TDS Staff

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Fees Paid

\_\_\_\_\_  
Registered Testing Date