
NOTIFICATION OF INTENT TO TAKE THE EPPP
Counseling Psychology Program
Texas Tech University

IMPORTANT: This form must be filled out and signed by the student and the Program Director one month prior to the date that the student intends to take the EPPP exam.

TO: Counseling Psychology Program Director

This is to inform you that

Student's Name:

Student's R #

Student's Program

Student's Advisor

will be taking the EPPP exam on

This is my first time to sit for the exam rescheduled time

This is the student's attempt at the exam.

Signature of Student

Date

Program Director:

Date