

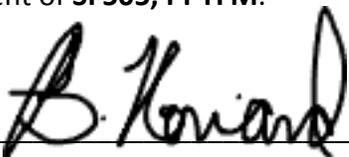


**Alliance University Counseling Services**

**Students in Counseling Therapy Compliance Form**

I, (Therapist's Name) Béregère Howard confirm that  
(Student's name) Agnes Barilea has participated in  
5 session(s) with me  
(number of sessions)

to fulfill the requirement of SF505, PPTFM.

Therapist Signature 

Date 3/23/2023