



**Alliance University Counseling Services**

**Students in Counseling Therapy Compliance Form**

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

to fulfill the requirement of SF505, PPTFM.

Therapist Signature

A handwritten signature in black ink that reads 'B. Howard' is written over a horizontal line.

Date 3/23/2023