



COLLEGE OF EDUCATION  
DEPARTMENT OF COUNSELOR EDUCATION  
Phone: (561) 297-3602

## FLORIDA ATLANTIC UNIVERSITY

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### Certification of Comprehensive Exam Results

Date:

Doctoral Candidate:

Doctoral Committee Chair:

Doctoral Committee Members:

Please indicate the score assigned by each member of the Doctoral Committee using the scale High Pass, Pass, Low Pass, or Fail.

<b>Day 1</b>	Doctoral Chair	Committee Member	Committee Member	Committee Member (optional)
Question 1				
Question 2				
Question 3				
<b>Day 2</b>				
Question 1				
Question 2				
Question 3				

As chair of the committee I, \_\_\_\_\_, certify that

\_\_\_\_\_ has \_\_\_\_\_ (successfully/unsuccessfully)

completed the Comprehensive Exam for the Counseling Ph.D. program.

Signature of the Doctoral Chairperson: \_\_\_\_\_