



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

FLORIDA ATLANTIC UNIVERSITY

777 GLADES ROAD BLDG 47 ROOM 270
BOCA RATON, FL 33431-0991
Fax: (561) 297-2309

Application for Doctoral Comprehensive Exams (Student's Committee Chair Form)

Student's Name: _____

Student's Signature: _____

Semester the Student intends to take Exam: _____

The above mentioned student is ready for the comprehensive exams. The following has been completed by the student:

_____ The student has submitted 10 questions within the first three weeks of the semester in which the exam will take place

_____ The student has taken sufficient courses in research, practice, and supervision

_____ The student is in good academic standing

Please, inform the Doctoral Program Coordinator that the above mentioned student will be taking the comprehensive exams and alert the Department Chair to include the selection of proctors as an agenda item for the semester's first faculty meeting.

Signatures:

Dissertation Committee Chair: _____

Name: _____

Doctoral Program Coordinator: _____

Department Chair: _____

Note: To be completed the semester preceding the comprehensive exams that the student wishes to take. Completed form must be submitted to the Department of Counselor Education.



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Application for Doctoral Comprehensive Exams (Student Form)

Name: _____

Semester in which I will take the comprehensive exams: ____ Fall ____ Spring ____ Year

I have completed the following:

____ I have submitted 10 questions within the first three weeks of the semester in which I will take the comprehensive exams.

____ I have completed the required course work. If not, gain approval from your Committee Chair.

Please, submit the completed form to your committee chair and ask her/him to inform the Doctoral Program Coordinator that you will be taking the comprehensive exams. The Doctoral Program Coordinator will communicate the dates for the comprehensive exams to you.

Signatures:

Student: _____ Date: _____

Dissertation Committee Chair: _____
Name: _____

Doctoral Program Coordinator: _____

Department Chair: _____

Note: To be completed the semester preceding the comprehensive exams that the student wishes to take. Completed form must be submitted to the Department of Counselor Education.



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**College of Education
Department of Counselor Education
Announcement of Dissertation Defense**

Student Name	Date of Defense	Time	Room Number	Building
Major Advisor		Signature		
Dissertation Committee Member	Department		College	
Dissertation Committee Member	Department		College	

Dissertation Title: _____

ABSTRACT



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Dissertation Approval Form

Student's Name: _____

Student's Signature: _____

Date Submitted/Presented: _____

Title of Dissertation: _____

We have read the dissertation for the student identified above and find it to be:

- ☐ Approved
- ☐ Approved with modifications (see attached recommendations from the Committee).
- ☐ Deferred pending another dissertation defense (see attached explanation from the Committee)
- ☐ Disapproved (see attached explanation from the Committee)

Signatures:

Dissertation Committee Chair: _____

Name: _____

Dissertation Committee Member: _____

Name: _____

Dissertation Committee Member: _____

Name: _____

Dissertation Committee Member: _____

Name: _____

Doctoral Program Coordinator: _____

Dr. Irene Johnson, Department Chair: _____

Note: To be completed at the time of the dissertation defense. Completed form must be submitted to the Department of Counselor Education.