

**Florida Atlantic University**

**APPLICATION TO TAKE GRADUATE COMPREHENSIVE EXAMINATION**

Please complete Section I of this form, obtain the approval and signature of your graduate adviser in Section II, and forward all copies to the FAU Counselor Education Program, Bldg. 47, Rm. 270, for final approval.

**Section I:**

|  |  |
| --- | --- |
| Name: |  |
| Date of Request: |  |
| Address: |  |
| Phone Number: |  |
| E-mail: |  |
| Panther ID #: |  |
| Anticipated Graduation Date: |  |
| Graduate Program: |  |
| Exam to be taken: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Semester & Year Taken | Grade in Course |
| MHS 5005 | 3 | Processes in Counseling |  |  |
| MHS 6401 | 3 | Counseling Theories and Techniques |  |  |
| MHS 6700 | 3 | Ethical, Legal & Prof. Issues in Coun. |  |  |
| MHS 6482 | 3 | Lifespan Development |  |  |
| MHS 6070 | 3 | Psychopathology |  |  |
| MHS 6430 | 3 | Family Counseling |  |  |
| MHS 6701 | 3 | Issues in MH Counseling |  |  |
| MHS 6220 | 3 | Appraisal and Evaluation |  |  |
| EDF 6481 | 3 | Educational Research |  |  |
|  |  |  |  |  |

Any previous CPCE Exam Attempts: \_\_\_\_yes\_\_\_no

Number of previous exam attempts:\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

To be eligible to take the CPCE, a graduate student must be fully admitted into the Counselor Education program at Florida Atlantic University and have a cumulative grade point average of at least 3.0 at the graduate level.

Contact your advisor for the deadline to submit this form, and to ascertain the date and location of the exam.

**Section II:**

The above student has completed appropriate course work and is recommended to take the comprehensive examination on the date requested.

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Signature of Graduate Adviser

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Section III:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Graduate Program, Counselor Education

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denial Date

Reason for Denial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_