**Ph.D. in Counselor Education and Supervision Comprehensive Exams Application**

**Please complete and return to Dr. Burgess at** [**M.Burgess@memphis.edu**](mailto:M.Burgess@memphis.edu)

**Indicate Semester/Year you wish to take comps: Spring \_\_\_\_\_ Fall \_\_\_\_\_\_**

**Expected Date of Graduation Semester/Year: Fall \_\_\_\_\_\_\_\_\_ Spring \_\_\_\_\_\_\_\_ Summer \_\_\_\_\_\_\_\_**

**Please indicate the catalog year that you began your doctoral studies \_\_\_\_\_\_\_\_\_**

**Student Information:**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Professor/Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if you will be requesting accommodations through Disability Resources for Students **\_\_\_\_**

**Certification of Completion of Program of Studies**

**(Please initial your degree status below)**

1. I hereby certify that I have satisfactorily completed my doctoral residency project for the College of Education, that I have passed all core course work in my program of studies and fulfilled all the requirements specified in the graduate catalog. \_\_\_\_\_\_\_\_­­­­­­­­

Initial

**Or**

1. I hereby certify that I have satisfactorily completed my doctoral residency project for the College of Education, that I have fulfilled all the requirements specified in the graduate catalog and that I will be enrolled in and anticipate completing 75% of my program of studies by the conclusion of the semester I take my comprehensive examination. **\_\_\_\_\_\_\_\_**

Initial

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_**

Student Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

Major Professor Signature Date

\*\* You will be provided a copy of the Doctoral Comprehensive Examination Study Guide, specific instructions regarding the examination process, including, the date, time, and location of your examination by email. Examination results will be sent to you and your Committee Chair **by email.**