

UNIVERSITY OF BRITISH COLUMBIA

**Faculty of Education
Department of Educational and Counselling Psychology, and Special
Education**

Date: _____

This is to certify that _____, _____
(Name) (Student #)

has passed the **Clinical (Theory and Practice)** Comprehensive Examination for the
Doctoral degree in the Department of Educational and Counselling Psychology, and
Special Education.

Chair

Advisor

Director of Ph.D. program