

**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