

**Application for the Written Counselor Education  
Doctoral Qualifying Examination**

NAME \_\_\_\_\_ UFID # \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTORAL PROGRAM SPECIALITY \_\_\_\_\_ MHC \_\_\_\_\_ MFC \_\_\_\_\_ SCG \_\_\_\_\_

Date of TRIAL ONE of the Counselor Education Examination \_\_\_\_\_  
(if completed)

Date of TRIAL TWO of the Counselor Education Examination \_\_\_\_\_  
(if completed)

Dates CURRENT TRIAL of the Examination is Scheduled \_\_\_\_\_

Check Below to Indicate the EXAM SECTION(S) and TRIAL to be TAKEN THIS TIME

\_\_\_\_\_ THEORY (circle) TRIAL 1 2 3

\_\_\_\_\_ RESEARCH (circle) TRIAL 1 2 3

\_\_\_\_\_ PRACTICE (circle) TRIAL 1 2 3

\_\_\_\_\_ ETHICS/POLICY (circle) TRIAL 1 2 3

The Examination will be written by ME at the following location

\_\_\_\_\_

**ON MY HONOR, I WILL NEITHER GIVE NOR ACCEPT UNAUTHORIZED AID IN  
COMPOSING MY ANSWERS TO THE QUESTIONS ASKED ON THIS EXAMINATION.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctoral Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Grad. Coord. Signature \_\_\_\_\_ Date \_\_\_\_\_