

APPROVAL FORM FOR CLINICAL WRITTEN COMPREHENSIVE EXAMINATION

(Return this form to the Clinical Training Program Office, Department of Psychology)

To: Coordinator of Written Comprehensive Examinations

From: _____ Date: _____
(Name of Student)

I would like to take the Clinical Written Comprehensive Examination when it is offered

(Date)

Approved: (The chair and at least two other members must be graduate faculty members and must hold regular or adjunct appointments in the Psychology Department.)

Doctoral Advisory Committee (Signatures needed)

1. _____ Chairperson (Major Professor)
2. _____
3. _____
4. _____
5. _____

Approved:

Director of Clinical Training Date

The Advisory Committee has administered the written comprehensive examination to the above named student with the following results:

Pass _____ Fail _____

Coordinator of Written Date
Comprehensive Examinations

Original – student
Copy – prelim file