

APPROVAL FORM FOR CLINICAL **RESEARCH** COMPREHENSIVE EXAMINATION

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

To: Director of Clinical Training

From: _____
(Name of Student)

Date: _____

My Doctoral Advisory Committee approved my proposal for the Research Comprehensive Exam on _____. (Attach proposal to this form.)

I understand that my completed Research Comprehensive Exam is due to my Committee and the designated External Examiner no later than the second day of the next administration of the Clinical Written Comprehensive Exam.

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 research comprehensive examination to the above-named student with the following results:

Pass _____ Fail _____

Director of Clinical
Training

Date

Original – student
Copy—major professor
Copy – prelim file