



DEPARTMENT OF PSYCHOLOGY

RESULTS OF PH.D. ORAL COMPREHENSIVE EXAM

Candidate: _____

Last 4 of SSN: _____

Date: _____

(ACTION SIGNATURES)

Committee:

P **NP**

Examiner 1	_____	_____
	Signature	Printed Name
Examiner 2	_____	_____
	Signature	Printed Name
Examiner 3	_____	_____
	Signature	Printed Name
Examiner 4	_____	_____
	Signature	Printed Name

Program Director

Department Chair