



DEPARTMENT OF PSYCHOLOGY

RESULTS OF PH.D. ORAL COMPREHENSIVE EXAM

Candidate: _____

SSN: _____

Date: _____

(ACTION SIGNATURES)

	P	NP
Examiner 1 _____	___	___
Examiner 2 _____	___	___
Examiner 3 _____	___	___
Examiner 4 _____	___	___

Program Director

Department Chair