



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