

Graduate Program in Experimental Psychology

**WRITTEN COMPREHENSIVE EXAMINATION**

NAME: \_\_\_\_\_ STUDENT NO.: \_\_\_\_\_

YEAR OF ENTRY: \_\_\_\_\_ MAJOR AREA: \_\_\_\_\_

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WRITTEN COMPREHENSIVE EXAM COMMITTEE: APPROVAL DATE \_\_\_\_\_

\_\_\_\_\_, CHAIR

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\_\_\_\_\_

DESCRIPTION: [ATTACH TO THIS FORM A DESCRIPTION OF THE FORMAT FOR THE WRITTEN COMPREHENSIVE EXAM, THE DATE FOR COMPLETION, AND THE CRITERIA FOR DETERMINING WHETHER THE STUDENT HAS PASSED OR FAILED. THIS DESCRIPTION MUST BE SIGNED BY BOTH THE STUDENT AND THE CHAIR OF THE WRITTEN COMPREHENSIVE EXAM COMMITTEE AND SUBMITTED TO THE PROGRAM DIRECTOR BEFORE WORK IS BEGUN]

PROGRAM DIRECTOR: \_\_\_\_\_

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EVALUATION OF THE WRITTEN COMPREHENSIVE EXAMINATION

CHECK ONE: \_\_\_\_\_ PASS \_\_\_\_\_ FAIL

\_\_\_\_\_, CHAIR

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DATE : \_\_\_\_\_