



DEPARTMENT OF PSYCHOLOGY

## QUALIFYING EXAM FORM

To: Dean of the Graduate School

From: Faculty, Department of Psychology

Date: \_\_\_\_\_

\_\_\_\_\_ (SS# \_\_\_\_\_ )

has passed the qualifying examination for the Ph.D. program in Psychology and it is recommended that she/he be officially declared by the University to be a candidate for this degree.

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
Department Chairman