



DEPARTMENT OF PSYCHOLOGY

## RESULTS OF SPECIALTY COMPREHENSIVE EXAM

Candidate: \_\_\_\_\_

SSN: \_\_\_\_\_

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

### (ACTION SIGNATURES)

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

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

\_\_\_\_\_  
Department Chair