DEPARTMENT OF PSYCHOLOGY  
THE UNIVERSITY OF ARIZONA  

WRITTEN COMPREHENSIVE EXAMINATION RESULTS

The written comprehensive examination requirement must be met before the Oral Comprehensive Examination can take place.

Name of Candidate: ____________________________________________________________

Date Written Examination/Paper pass/fail: ________________________________

Title for Paper: ________________________________________________________________

OR

Written Exam

Content Areas

In event that the written exam is failed (fill in):

Date exam to be re-administered: ________________________________

The undersigned have accepted the written comprehensive examination/paper and agree that the written comprehensive examination requirement has been satisfied. Four members are required, a fifth member is optional.

__________________________  (Sign & Print Name)  ____________________________

Chairperson  Date

__________________________  (Sign & Print Name)  ____________________________

Member  Date

__________________________  (Sign & Print Name)  ____________________________

Member  Date

__________________________  (Sign & Print Name)  ____________________________

Minor Chairperson  Date

__________________________  (Sign & Print Name)  ____________________________

Member  Date

Please return this form to Graduate Coordinator in room 334 when it is completed.