

PSYCHOLOGY DEPARTMENT COLLEGE OF SCIENCE

1503 East University Blvd. PO Box 210068 Tucson, AZ 85721-0068 psychology.arizona.edu

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 the 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. Chairperson (Print Name) Signature Date Member (Print Name) Signature Date Member (Print Name) Signature Date

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

Signature

Signature

Member (Print Name)

Minor Chairperson (Print Name)

Date

Date