

## PSYCHOLOGY DEPARTMENT COLLEGE OF SCIENCE

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## **Written Comprehensive Examination Results**

The written comprehensive examination requirement must be met **before** the Oral Comprehensive Examination can take place. Name of Candidate: Date of Written Examination/Paper: Title for Paper OR Written Exam Content Areas: *In the event that the written exam is failed:* 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 Minor Chairperson (Print Name) Signature Date

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

Signature

Member (Print Name)

Date