



DEPARTMENT OF PSYCHOLOGY

## RESULTS OF PH.D. ORAL COMPREHENSIVE EXAM

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

Last 4 of SSN: \_\_\_\_\_

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

### (ACTION SIGNATURES)

Committee:

**P**      **NP**

Examiner 1	_____	_____
	Signature	Printed Name
Examiner 2	_____	_____
	Signature	Printed Name
Examiner 3	_____	_____
	Signature	Printed Name
Examiner 4	_____	_____
	Signature	Printed Name

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

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