



University of Colorado at Colorado Springs

**Approval to Sit for the
Comprehensive Examination in
Ph.D. Clinical Psychology Program with Emphasis in Geropsychology**

Student Name: _____ #: _____

I intend to take the Comprehensive Examination in Clinical Psychology in May, 20____.

I acknowledge that I will have successfully completed the courses and MA thesis required by the program prior to the beginning of the Comprehensive Exam (February 1st).

Signature

Date

I have reviewed this student's eligibility and by my signature affirm that this student is in good standing to take the Comprehensive Examination at the time requested above.

Director of Graduate Training

Date

Director of Clinical Training

Date