



**University of Colorado at Colorado Springs**

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

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

I intend to take the Comprehensive Examination in Clinical Psychology in (circle one):

Fall Semester (oral exam in December, 2009)

Spring Semester (oral exam in May, 2010)

I acknowledge that I have successfully completed the courses and MA thesis required by the program prior to the beginning of the Comprehensive Exam, as noted below:

Fall Semester Deadline (August 20<sup>th</sup>)

Spring Semester (January 20<sup>th</sup>)

\_\_\_\_\_  
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