



University of Colorado at Colorado Springs

**Approval to Sit for the
Comprehensive Examination in
Ph.D. Clinical Psychology Program
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, 2018)

Spring Semester (oral exam in May, 2019)

I acknowledge that I have successfully completed the courses and MA thesis (including all revisions to thesis and submission to library) required by the program prior to the beginning of the Comprehensive Exam, as noted below:

Fall Semester Deadline (August 20th)

Spring Semester (January 20th)

Student 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 Clinical Training

Date