



**PERMISSION TO TAKE
WRITTEN COMPREHENSIVE EXAMINATION
PH. D. SCHOOL PSYCHOLOGY PROGRAMS**

Name: _____ Bear #: _____

Address: _____ Phone: _____

_____ Advisor: _____

e-mail _____

Proposed Semester of Examination:

National School Psychology Exam _____

In-house written exam _____

Advisor Signature: _____

Additional Criteria:

- _____ Doctoral Plan of Study on file at the Graduate School
- _____ Doctoral committee approved by the Graduate School