



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 (check one and fill in year):

\_\_\_ Fall Semester (oral exam in December), \_\_\_\_\_  
(year)

\_\_\_ Spring Semester (oral exam in May) \_\_\_\_\_  
(year)

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 20<sup>th</sup>)

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

\_\_\_\_\_  
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 or Associate Director of Clinical Training Date