



WRITTEN COMPREHENSIVE EXAMINATION PROPOSAL

The purpose of this form is provide a beginning to the comprehensive paper

Date:

Last 4 of SSN:

Student:

Chairperson:

Committee Member:

Committee Member:

Committee Member:

Attach to this form a description of the format for the written comprehensive exam, the date for completion, and the criteria for determining whether the student has passed or failed. **This description must be signed by both the student and the chair of the written comprehensive exam committee and submitted to the program director before work is begun.**

Experimental Psychology Program Director