

Date \_\_\_\_\_

DOCTOR of PSYCHOLOGY  
ORAL EXAMINATION FORM

➤ *Send to the Graduate School a **minimum of 10 working days before the exam.***

Name \_\_\_\_\_ I.D.# \_\_\_\_\_

Candidate for the Degree of: Psy.D. Major Clinical Psychology

Date of Examination \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

Examination Committee: \_\_\_\_\_ Chairperson  
(Typed Names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Outside Graduate Faculty Representative

(Note: The committee will consist of a minimum of **five** Graduate Faculty members, including one Graduate Faculty member from **outside** your department.)

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Approved:

\_\_\_\_\_  
*Signature*, Committee Chairperson Date \_\_\_\_\_  
Approved:

\_\_\_\_\_  
*Signature*, Graduate Program Director Date \_\_\_\_\_  
Approved:

\_\_\_\_\_  
Graduate School Representative Date \_\_\_\_\_