



UNIVERSITY OF  
**NORTHERN**  
**COLORADO**

**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