

The Professional School of Psychology

3550 Watt Ave., #140, Sacramento, CA 95821

Main: (916) 641-6542 Fax: (916) 760-8088

Petition to Sit for the Comprehensive Exam

Name: _____

Address: _____
Number Street Apt.

City State Zip Code

Telephone Numbers _____
Daytime Evenings

I have completed the required course work, or am enrolled in my last required course(s) for my program, and petition to sit for the following exam(s). Please circle.

Master's

Doctoral

Clinical

Organizational

Research

~~Date of Exam(s)~~ _____

For Office Use Only

Academic Clearance _____
Date and Initials

Study Materials Sent _____
Date and Initials

Passed Comp Exam(s) _____
Date and Initials

Results Posted _____
Date and Initials