

SCHOOL OF PROFESSIONAL PSYCHOLOGY
COMPREHENSIVE CLINICAL EXAMINATION
RE-EXAMINATION FORM

Student: _____ Date of Exam: _____

New Assessment Sample Only _____

New Intervention Sample Only _____

New Assessment & Intervention Samples
Required _____

Recommended Remediation:

Recommendations for Re-Exam Panel: _____ same _____ new _____ other/explain:

Other Comments:

Signature of Panel Chair (or Representative) _____ Date _____

Office of Clinical Training _____ Date _____