

**Transition to Independence and Expertise (TIE) Project Evaluation Form  
Doctoral Qualifying Examination (TIE Project)  
Last Updated 4-15-20**

**Date:**

**Student's Name:**

**Student's Mentor:**

**Specialty Area: Clinical**

**Year in Program:**

**TIE Project Title:**

**Evaluation:**

**Demonstration of Advanced Integrative Knowledge in two or more content areas of psychology:**

**Passed**

**Failed**

**Demonstration of knowledge of the historical context of the research examined in the TIE Project:**

**Passed**

**Failed**

**TIE Project**

**Passed**

**Failed**

**Qualifying exam (TIE Project) completed on:**

**Comments and/or recommendations:**

**COMPLETE FORM ON NEXT PAGE**

**PLEASE SIGN BELOW**

\_\_\_\_\_  
Print Name - Student's Mentor or Advisor

\_\_\_\_\_  
Signature - Student's Mentor or Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name - Committee Member 1

\_\_\_\_\_  
Signature - Committee Member 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name - Committee Member 2

\_\_\_\_\_  
Signature - Committee Member 2

\_\_\_\_\_  
Date

**Return to: Assistant to the Director of Graduate Studies, Department of Psychology**