



UNIVERSITY OF  
**MARYLAND**  
 DEPARTMENT OF PSYCHOLOGY

**DOCTORAL COMPREHENSIVE EXAMINATION RESULTS/  
 COMPLETION OF THE TIE PROJECT (Clinical only)**

<b>Date:</b>	
<b>Student Name:</b>	
<b>UID:</b>	
<b>Specialty Area:</b>	
<b>Advisor Name:</b>	

A comprehensive exam/TIE project was administered for

(Student Name)

on \_\_\_\_\_  
 (Date of Exam)

and the student has (check one of the following):

**Passed with honors**

**Passed**

**Failed**

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments (if applicable):**

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**Return this completed form to the Graduate Studies Office, Room 1121G BIO-PSYC BLDG. Thank you.**

**Note to student:**

*Upon passing your comprehensive exam, you are eligible to apply for admission to candidacy. For more information, contact Archie Tablada at [atablada@umd.edu](mailto:atablada@umd.edu).*