MEMORANDUM

To:	Graduate Records	Date:
From	: Graduate Advisor, Psy	vchology Department
RE:	Completion of Candi	dacy Exam requirement for:
	Name:	
	Student #:	
candio	dacy examinations (majorchology. Please note the	the above named graduate student has completed both doctoral or and minor) required by the graduate programs in the Department his in the student's records and update the CAPP accordingly.
The fi	nal requirement was me	et on:
Chair,	examining committee:	signature
Co-Cl	nair (if applicable):	signature
Gradu	ate Advisor:	signature
Depar	tment Chair:	signature
cc:	student's supervisor student's department f student's clinical file (

Version: 08 April 2011