

*Joint Doctoral Program*

**REPORT OF THE QUALIFYING EXAMINATION AND ADVANCEMENT TO CANDIDACY FOR THE  
DEGREE OF DOCTOR OF PHILOSOPHY IN CLINICAL PSYCHOLOGY.**

Name \_\_\_\_\_  
Last First Middle SDSU Red ID UCSD SID

Address \_\_\_\_\_  
Number and Street City State Zip Telephone

To: Dean, Graduate Studies and Research, UCSD/Dean, Graduate Division and Research, SDSU

The members of the Joint Doctoral Committee for the Qualifying Examination report that the candidate has completed all predissertation requirements in the major and taken the qualifying examination on (date)\_\_\_\_\_.

Committee Member (print or type)	Signature	Institution	Approval of Qualifications
_____	_____	_____	___Yes___No
Chair			
_____	_____	_____	___Yes___No
Co-Chair (if applicable)			
_____	_____	_____	___Yes___No
_____	_____	_____	___Yes___No
_____	_____	_____	___Yes___No
_____	_____	_____	___Yes___No

The committee recommends advancement to candidacy for the degree of Doctor of Philosophy in:\_\_\_\_\_

**Approved SDSU:**

**Approved UCSD:**

\_\_\_\_\_  
SDSU Co-Director Date

\_\_\_\_\_  
UCSD Co-Director Date

The candidacy fee (\$90) has been paid. \_\_\_\_\_

Validated by UCSD Cashier \_\_\_\_\_

I request advancement to candidacy. I plan to complete my dissertation by: \_\_\_\_\_

Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Dean, Graduate Division and Research, SDSU Date

\_\_\_\_\_  
Dean, Graduate Studies and Research, UCSD Date

Distribution: Dean, Graduate Studies and Research, UCSD  
Dept./Group Chair, UCSD  
Student

Dean, Graduate Division and Research, SDSU  
Graduate Advisor, SDSU  
UCSD Registrar (UCSD)