

Joint Doctoral Program

**REPORT OF THE FINAL EXAMINATION AND FILING OF THE DISSERTATION FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY IN CLINICAL PSYCHOLOGY.**

Name _____
Last First Middle SDSU Red ID UCSD SID

Print name as it is to appear on the diploma _____

Mailing address for diploma _____
Number and Street City State Zip

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

The members of the Doctoral Committee report on the candidate's final examination:

Committee Member (print or type)	Signature	Approval for Degree
_____	_____	___Yes___No
Chair	_____	___Yes___No
_____	_____	___Yes___No
Co-Chair (if applicable)	_____	___Yes___No
_____	_____	___Yes___No
_____	_____	___Yes___No
_____	_____	___Yes___No

The final examination and dissertation are ___*unanimously*___*not unanimously* approved, and the candidate is ___*recommended*___*not recommended* for the award of the degree of Doctor of Philosophy in: _____
in the Department/Group of _____ as of _____

Dissertation Title: _____

SDSU Co-Director Date UCSD Co-Director Date

The candidate has fulfilled all academic and registration requirements with the exception of depositing the dissertation with the Library and SDSU. Date _____ Dean, Graduate Studies and Research, UCSD _____

Dissertation accepted for deposit

Graduate Division Office, SDSU Date Librarian, UCSD Date

Conferral of the degree is recommended as of _____
(month, day, year)

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
Librarian, UCSD
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