

## **Doctoral Program in Clinical Psychology**

## Non-Traditional Proposal Competency Review

Student: _					Date:_		
Title of Pr	oject:						
PASS: _	Yes	_ No	_ Pass with	h Conditions	s (See comn	nents)	
Cle	ar Statement	of Type of Pro	ject				
	ar Statement	of Objectives	Other (l Project will A	Describe): Accomplish:		Program Development ation by committee)	
Imp	oortance of pi	roject commen	surate with p	oractitioner-scl	nolar identity		
Fea	sible timeline	e for increment	al completio	on of the project	et delineated		
(				nal Sources, I	Demonstrates v	ralue/pertinence of proposal, Refle	cts
Spi	ritual/integra	tion issues add	ressed as app	propriate.			
		ent contains a pitute the finishe				napters and relevant supplemental	
(Criteria:	Student gave		esentation, S	Student's prese		oncise, Student responded to ng, Negative criticisms appropriate	ely
*****	******	******	******	******	*******	****	
Endorsei Name (Pri		Sign	ature	D	ate		
Committee	e Chairperson	<u> </u>					
Committee	e Member						
Committee	e Member						
Committee	e Member						
Program D	Director						
Comments	s:						