

Comments:

Doctoral Program in Clinical Psychology

Proposal Competency Review

Student:				Date:			
Title of Project:							
PASS: Yes	No _	_ Pass with	Conditions				
Reflects orClear formulation orSelection of appropriate MethodFeasibleSufficientlAccomplisMethod of analysisImportance of projeSpiritual/integrationCompetent PresentaStudent garStudent resNegative or	al Sources tes value/perti ritical evaluati f task project v riate instrumer dology ly detailed to c hes task advan delineated ct commensur i issues addres ution/Managem ve cogent oral presentation wa sponded to con riticisms appro-	nence of propon of area. will accomplished arryout aced by the proposed as approprient of Proposed presentation as concise annittee questi	sh. roject. oral level oriate. sal ions/concerns in	a manner	commensura	te with doctora	al standing
C=See comments below ************************************		******	*******	*****	****		
Endorsements Name (Printed)	Sign	ature	Date				
Committee Chairperson	 l				-		
Committee Member					-		
Committee Member					-		
Committee Member					-		
Program Director					-		