 **Clinical Psychology Portfolio**

**Approval Form**

|  |  |
| --- | --- |
| STUDENT NAME | STUDENT ID |
| EMAIL | PHONE NUMBER |
| DEGREE/PROGRAM  Master of Science/Clinical Psychology |  |

**CLINICAL PSYCHOLOGY PORTFOLIO INFORMATION:**

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outcome of Portfolio: Pass Conditional Pass\* Fail

**Conditional** **Pass:** Please state the requirements for passing. When conditions have been met, a new Report on Clinical Portfolio Form should be submitted which indicates “PASS”. See Feedback Form.

The candidate must effectively address the requirements that have been provided to him/her in writing in the Feedback form. The candidate must revise the clinical portfolio to be consistent with feedback provided and must resubmit the revised Portfolio to the Clinical Training Committee for review.

**APPROVED BY:**

|  |  |
| --- | --- |
|  | |
| Portfolio Committee Chair Signature                                                                       Printed Name and Date | |
|  | |
| Portfolio Reviewer Signature                                                                                   Printed Name and Date | |
|  | |
| Portfolio Reviewer Signature                                                                        Printed Name and Date | |
|  | |
| Portfolio Reviewer Signature                                                                          Printed Name and Date | |
|  | |
| Psychology Dept. Chair Signature                                                                             Printed Name and Date | |
|  | |
| College of Arts and Sciences Dean Signature                                                            Printed Name and Date | |
| **THIS** **SECTION** **COMPLETED** **BY** **THEGRADUATE** **SCHOOL** | |
|  | |
| Graduate School Dean Signature                                                                                 Printed Name and Date | |
| Approved Not Approved | NOTES: |