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REPORT ON CLINICAL PORTFOLIO

Date: _____

Name: _____ UA ID#: _____

Email Address: _____ Phone: _____

DEGREE: Master of Science, Clinical Psychology

CLINICAL PORTFOLIO INFORMATION: (A separate Report on Comprehensive Exam Form must be submitted if the project defense is combined with the comprehensive exam.)

	Pass	Conditional Pass	Fail
Submission Date: _____	<input type="checkbox"/>		<input type="checkbox"/>

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.

Print Names	Signatures*	Date
Portfolio Committee Chair:		
Portfolio Reviewers:		
Psychology Dept. Chair:		
College of Arts & Sciences Dean:		
Graduate School Dean:		

***Please email to Graduate School once all college/program signatures are obtained**