

Date:	
-------	--

Student Name: _____ Student No.: _____

Degree Program Area: _____

Advisor: _____

Grade for the course will only be given when a comprehensive draft of the research proposal is approved by the Examining Committee. Draft is normally submitted to the Committee Members no later than the last day of classes for registered term.

ADVISORY COMMITTEE MEMBERS:

Name		Signature	Signature		
Student si	ignature:				
	Please submit o	completed form to the	e Psychology Graduate Offic	;e	
Associate H	ead (Graduate) or desi	gnate:	Date:		
CRN:	Section:	(office use only)			
Your personal info purpose of maintai	rmation is being collected under th ining a record of progress regardin	g your program of study, and for co	on by the University <i>itoba Act.</i> The information you provide will be us nmunication. Your personal information will not I). If you have any questions about the collection	be used or disclosed for	
		204-474-9462), 233 Elizabeth Dafoe		roryour personal	