CRN:__________ Section:__________

Date: ________________

Student Name: ___________________________  Student No.: ________________

Degree Program Area: _____________________________

Advisor: _______________________________________

Grade (place a check-mark in the appropriate box below)

☐ Pass (the student named above has completed an acceptable, comprehensive draft of the research proposal)

☐ Fail (the student named above has not completed an acceptable, comprehensive draft of the research proposal)

THESIS EXAMINING COMMITTEE MEMBERS:

Name   Signature
_________________________________ _______________________________________
_________________________________ _______________________________________  
_________________________________ _____________________________________  
_________________________________ _____________________________________  
_________________________________ _____________________________________

Student signature: _____________________________

Please submit completed form to the Psychology Graduate Office

_________________________________________

Psychology Associate Head (Graduate): ___________________________  Date: ____________________