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 Thesis Examining Committee.

THESIS EXAMINING COMMITTEE MEMBERS:

Name                Signature
_________________________  ________________________________
_________________________  ________________________________
_________________________  ________________________________
_________________________  ________________________________
_________________________  ________________________________

Student signature: __________________________

Please submit completed form to the Psychology Graduate Office

_____________________________________________________________________

Psychology Associate Head (Graduate): __________________________ Date: ____________

CRN:__________ Section:__________ (office use only)