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: ______________