



MA THESIS PROPOSAL DEVELOPMENT COURSE
PSYC 7780 COMPLETION FORM

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

Associate Head (Graduate): _____ Date: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of maintaining a record of progress regarding your program of study, and for communication. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library.