



# MA THESIS PROPOSAL DEVELOPMENT COURSE

## PSYC 7780 Registration Form

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. Draft is normally submitted to the Committee Members no later than the last day of classes for registered term.

### THESIS EXAMINING COMMITTEE MEMBERS:

Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student signature: \_\_\_\_\_

Please submit completed form to the Psychology Graduate Office

\_\_\_\_\_

Associate Head (Graduate) or designate: \_\_\_\_\_ Date: \_\_\_\_\_

CRN: \_\_\_\_\_ Section: \_\_\_\_\_ (office use only)

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