



ΨΥΧΟΛΟΓΙΑΣ ΠΡΟΓΡΑΜΜΑ ΠΡΟΧΩΡΗΜΕΝΩΝ ΣΠΟΥΔΩΝ
PSYC 77J0 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: _____

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