**THESIS/DISSERTATION PROPOSAL APPROVAL FORM**

**Department of Psychology**

***To be completed by the graduate student on the proposal date:***

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Proposed Thesis/Dissertation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request committee approval of my thesis/dissertation proposal, which is prepared in partial fulfillment of the requirements for the Masters/Ph.D. Degree in Psychology.

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Student Signature Student E-mail Address

***To be completed by the Thesis/Dissertation Committee prior to adjourning the proposal meeting:***

Based on the written proposal and the student’s presentation, the decision of this committee is to (check one):

\_\_\_\_\_\_\_\_ Approve the thesis/dissertation proposal as written

\_\_\_\_\_\_\_\_ Approve the thesis/dissertation proposal contingent on recommended modifications *(to be briefly summarized below by the Committee Chair)*

Checking this box indicates that the Committee Chair will retain an electronic copy of the

proposal document until after the student successfully defends the thesis/dissertation.

***To be completed by the Committee Chair prior to adjourning the proposal meeting:***

Brief summary of recommended modifications to this thesis/dissertation proposal project:

**Approvals**

|  |  |  |
| --- | --- | --- |
| Committee Chair (print name) | Signature | Date |
| Committee Member (print name) | Signature | Date |
| Committee Member (print name) | Signature | Date |
| Committee Member (print name) | Signature | Date |
| Minor Representative, if appropriate and present (print name) | Signature | Date |
| Graduate School Dean’s Representative, if present (print name) | Signature | Date |