



**Graduate Studies in Psychology
Thesis and Dissertation Proposal Approval Form**

Student: _____ Date registered in Program: _____

Program: M.A. Ph.D. Psychological Science Clinical Psychology IGS

Supervisor(s): _____

Thesis/ Dissertation Title:

For Dissertation only, Oral Proposal Defence Date: _____

Committee Approval:

Last name	First name	Dept./Unit	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

The signatures on this form indicate that the thesis/ dissertation proposal submitted by the student has been carefully read and is approved by the signed faculty members.

Graduate Coordinator Name: _____ Signature: _____

Date: _____