



Department of Psychology  
Psy.D. Program in Clinical Psychology

**Dissertation Form 2A**

**Approval and Scheduling of Dissertation Proposal**

Student Name:

Date:

Student Email:

Student ID#:

Working Title of  
Dissertation:

**Dissertation Chair's Approval**

I have reviewed and approved the student's dissertation proposal and determined that the student is ready for the Proposal Defense. I have received a copy of the student's IRB application.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Committee Chair

Committee Members	Name	Email address
2nd member	_____	_____
3rd member	_____	_____

**Scheduling Approval**

The student's proposal defense is scheduled as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Approved: \_\_\_\_\_  
Natalie Brown, Psychology Department Manager

Received by Psy.D. Program Chair/DCT

Date

\_\_\_\_\_

**Students: Submit this form to the Psychology Department Manager**