



Department of Psychology
Psy.D. Program in Clinical Psychology

Dissertation Form 3A

Approval and Scheduling of Final Dissertation Defense

Student Name:

Date:

Student Email:

Student ID#:

Dissertation
Title:

Dissertation Chair's Approval:

I have reviewed and approved the final draft of this student's dissertation and declare this student ready for the *Final Defense*.

Dissertation Chair Printed Name

Signature _____

Committee Members Name

Email address

2nd member _____

3rd member _____

Scheduling Approval:

This student's final dissertation defense is scheduled as follows:

Date: _____ Time: _____ Location: _____

Natalie Brown, Psychology Department Manager

Psy.D. Program Chair/DCT Signature

Date: _____

Students: Submit this form to the Psychology Department Manager.