



Department of Psychology
Psy.D. Program in Clinical Psychology

Dissertation Form 4
Final Defense Outcome

Student Name:

Defense Date:

Student Email:

Student ID#:

Dissertation
Title:

This is to certify that this student has

Passed the final dissertation defense with no revisions needed.

Passed the final dissertation defense with minor revisions needed.

Passed the final dissertation defense with moderate revisions needed.

Passed the final dissertation defense with major revisions needed.

Student failed the final dissertation defense.

Committee Signatures:

Printed Name

Signature

Committee Chair

Printed Name

Signature

Committee Member

Printed Name

Signature

Committee Member

Received by Psy.D. Program Chair/DCT

Date: _____

Students: Submit this form to the Psychology Department Manager.