



Department of Psychology
Psy.D. Program in Clinical Psychology

Dissertation Form 2B

Proposal Outcome

Student Name:

Date:

Student Email:

Student ID#:

Working Title of
Dissertation:

The members of the dissertation committee

_____ Accept the proposal with minor revisions (committee sign below)

_____ Accept the proposal with moderate revisions (committee sign below)

_____ Reject the proposal due to major revisions (committee does not sign)

Comments: _____

Printed Name	_____	Signature	_____	Committee Chair
Printed Name	_____	Signature	_____	Committee Member
Printed Name	_____	Signature	_____	Committee Member

Psy.D. Program Chair/DCT Signature

Date: _____

Students: Submit this form to the Psychology Department Manager.