

UNIVERSITY OF MANITOBA DEPARTMENT OF PSYCHOLOGY

MA THESIS PROPOSAL DEVELOPMENT (PSYC 7780): COMPLETION FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student #: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Advisor: \_\_\_\_\_

Grade (place a check-mark in the appropriate box below)

**Pass** (the student named above has completed an acceptable, comprehensive draft of the research proposal)

**Fail** (the student named above has not completed an acceptable, comprehensive draft of the research proposal)

THESIS EXAMINING COMMITTEE MEMBERS:

Name

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Student Signature: \_\_\_\_\_

Please submit the completed form to the Psychology Graduate Office.

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Psychology Graduate Chair: \_\_\_\_\_

Date: \_\_\_\_\_