

UNIVERSITY OF MANITOBA DEPARTMENT OF PSYCHOLOGY

MA THESIS PROPOSAL DEVELOPMENT COURSE (PSYC 7780): REGISTRATION FORM

Date: _____

Student Name: _____

Student #: _____

Degree Program: _____

Advisor: _____

Credit for the course will only be given once an acceptable, comprehensive draft of the research proposal is presented to the Thesis Examining Committee.

THESIS EXAMINING COMMITTEE MEMBERS:

Name

Signature

Student Signature: _____

Please submit the completed form to the Psychology Graduate Office.

Psychology Graduate Chair: _____

Date: _____