

UNIVERSITY OF MANITOBA DEPARTMENT OF PSYCHOLOGY

PHD DISSERTATION PROPOSAL DEVELOPMENT (PSYC 7790): 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

Student Signature: _____

Please submit the completed form to the Psychology Graduate Office.

Psychology Graduate Chair: _____

Date: _____