APPROVAL OF DISSERTATION PROPOSAL

Department of Psychology

Northern Illinois University

Student's Name _____ Date of Proposal _____

Title (tentative) _____

Expected Date of Defense _____

PROPOSAL APPROVED		AREA	DATE
_____ Director/Co-Director	_____ Signature	_____	_____
_____ Co-Director/Member	_____ Signature	_____	_____
_____ Member	_____ Signature	_____	_____
_____ Member	_____ Signature	_____	_____
_____ Member	_____ Signature	_____	_____
_____ Member	_____ Signature	_____	_____
Kevin Wu _____ Director of Graduate Studies	_____ Signature	Clinical _____	_____

Student should submit PDF version of approved dissertation proposal to the Graduate Studies Assistant.

PDF version on shared drive _____
date