**Report on Dissertation Proposal Defense**

***Department of Psychology & Counseling***

***University of Central Arkansas***

This form certifies ,

*Student’s Name (print)*

Has successfully defended a proposal for the dissertation in the Department of Psychology and Counseling entitled (*print title*):

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

on (*date*).

Conditions of Approval (if changes from original proposal document are requested by the committee, these changes must be specified here):

(**see attached**)

All five committee members, regardless of whether attending the proposal defense meeting, must sign this form to indicate they have approved the proposal:

Chair

Member

Member

Member

Member

This form and a copy of the student’s proposal must be placed in the student’s file.