

Report of Meeting to Approve a Proposed Dissertation

Department of Psychological Sciences

Name of Student:

Today's Date:

Date of Meeting:

Name of the 3 Advisory Committee Members Present at Meeting:

Major Advisor:

Associate Advisor:

Associate Advisor:

Signature of Major Advisor:

Names of the 2 Review Committee Members Appointed by Major Advisor:

(Note: The Department requires at least one Reviewer to be a member of the UConn Graduate Faculty)

1. UConn Graduate Faculty: Yes No

2. UConn Graduate Faculty: Yes No

Approval of Review Committee Members by the Program Head:

Program Head Name:

Program Head Signature:

Date:

Reviewers' Approval of Proposal

Reviewer 1:

Name:

Signature:

Date:

Approved:

Not Approved:

Reviewer 2:

Name:

Signature:

Date:

Approved:

Not Approved: