

UConn Department of Psychological Sciences

Report of Meeting to Approve a Proposed Dissertation

Today's Date: _____ Date of Meeting: _____

Name of Student: _____

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 the Major Advisor:

1. _____

2. _____

Approval of Review Committee Members by the Division Head:

Division Head Name

Division Head Signature

Date

Reviewers' Approval of Proposal

(Reviewer must sign, date, and circle 'approved' or 'not approved')

Reviewer 1 _____ Approved/Not
approved

Name printed

Signature

Date

Reviewer 2 _____ Approved/Not
approved

Name printed

Signature

Date

****When completed, bring this form and the Graduate School Approval form to the Department Graduate Program Coordinator****