

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:

(The Dept. requires at least one Reviewer 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 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****