

DEPARTMENT OF CLINICAL PSYCHOLOGY

PhD PROPOSAL ACCEPTANCE FORM

This is to certify that _____'s PhD supervisory committee
Name UFID#

has met today _____ and has approved his or her PhD dissertation proposal

entitled, _____

Please find below the signatures of the supervisory committee members:

Chairperson: **Signature**

Chairperson: **Printed**

Date: _____

Member: **Signature**

Member: **Printed**

Date: _____

Member: **Signature**

Member: **Printed**

Date: _____

Member: **Signature**

Member: **Printed**

Date: _____

External Member: **Signature**

External Member: **Printed**

Date: _____