

**PSYCHOLOGY DEPARTMENT
COLLEGE OF SCIENCE**

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Dissertation Proposal Meeting

Name of Candidate: _____

Date of Dissertation Proposal Meeting: _____

Dissertation Title:

Major Area: _____

Minor Area: _____

Chairperson (Print Name)	Signature	Date
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Member (Print Name)	Signature	Date
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Member (Print Name)	Signature	Date
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Member (Print Name)	Signature	Date
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Member (Print Name)	Signature	Date
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Please return this form to Graduate Coordinator when it is completed.