

FORM E

Department of Psychology

The University of Memphis

Mid-Point Milestone **COMMITTEE CHAIRPERSON AGREEMENT FORM**

Student's Name: _____ Program: _____ Clin _____ Exp _____ School _____

Four options for Clinical and Experimental; one option for School.

Project: _____ Empirical Journal Submission
_____ Major Area Paper
_____ Grant Submission
_____ Specialty Exam (*Experimental Program only*)
(Only option for School Program)
_____ Clinical Research Project (*Clinical Program only*)

Committee Chairperson: _____
Please Print

Committee Members (2): (*Please Print Names*) _____

Student: _____
Name Signature Date

Committee Chairperson: _____
Name Signature Date

Department Chair: _____
Name Signature Date