FORM F

Department of Psychology
The University of Memphis

Midpoint (Second) Milestone

PROPOSAL DEFENSE ACCEPTANCE 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)

Date of Meeting: __________________________

Approvals:
Note: Approval signatures & dates indicate approval of FINAL proposal, after any necessary revisions. Need Chair plus 2 committee members.

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<tr>
<th>Name</th>
<th>Signatures</th>
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<tr>
<td>Committee Chair</td>
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<td>Department Chair</td>
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PLEASE COMPLETE AND HAND IN TO GRADUATE SECRETARY