

# 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.

Name (Please print or type)	Signatures	
_____	_____	_____
Committee Chair	Committee Chair	Date
_____	_____	_____
Committee Member	Committee Member 1	Date
_____	_____	_____
Committee Member	Committee Member 3	Date
_____	_____	_____
Committee Member	Committee Member 4	Date
_____	_____	_____
Department Chair	Department Chair	Date

PLEASE COMPLETE AND HAND IN TO GRADUATE SECRETARY