

FORM G

Department of Psychology
The University of Memphis

Midpoint (Second) Milestone

PROJECT 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