



DEPARTMENT OF PSYCHOLOGY

M.A. Thesis Defense

Clinical-Community Psychology Graduate Program

Candidate: _____

SSN: _____

Date: _____

(ACTION SIGNATURES)

	P	CP	NP
Committee Chair _____	—	—	—
2 nd Reader _____	—	—	—

Clinical-Community Program Director

Department Chairman

P = pass; CP = conditional pass (list below); NP = not passed; requires another meeting after revisions

Conditions (if CP, list changes needed to the document; continue on back of page, if necessary):