



DEPARTMENT OF PSYCHOLOGY

DISSERTATION DEFENSE

Clinical-Community Psychology Graduate Program

Candidate: _____

SSN: _____

Date: _____

(ACTION SIGNATURES)

	P	CP	AM	F
Committee Chair _____	—	—	—	—
Committee Member _____	—	—	—	—
Committee Member _____	—	—	—	—
Outside Member _____	—	—	—	—

Clinical-Community Psychology Program Director

Department Chair

P = pass; CP = conditional pass; AM = additional meeting required after revisions; F = fail (see Student Handbook)

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