

Ph.D. Program in Clinical Psychology
Southern Methodist University

THESIS PROPOSAL MEETING

Note: This form should be completed at the end of each proposal defense and turned in to the Director of Graduate Studies.

Student: _____

Title: _____

Date: _____

___ This project is approved as presented.

OR

___ The following issues were raised during the proposal meeting and need to be addressed (continue on back if necessary):

Note: Committee members will also need to sign off on a letter indicating how each of these issues will be addressed. This letter should be presented to committee members as soon as possible following the proposal meeting.

Committee Members:

(chair)
