

DEPARTMENT OF PSYCHOLOGY

**PERMISSION TO DEFEND (PT-D)
DISSERTATION FORM**

Statement to the Director of Graduate Studies, Department of Psychology:

(Title)

A dissertation submitted by _____

in partial fulfillment of the requirement of the degree of _____

has been approved by the members of the Doctoral Committee whose signatures are affixed below. The approval recommends acceptance of the dissertation by the Director of Graduate Studies, Department of Psychology, and that the oral defense should be scheduled. It is understood that the draft being submitted is a FINAL DRAFT except for the possible changes that might result from the oral defense, as approved by the Doctoral Committee.

MAJOR ADVISOR _____ Date _____
Print & sign

Committee Member _____ Date _____
Print & sign

Committee Member _____ Date _____
Print & sign

Committee Member _____ Date _____
Print & sign