



DEPARTMENT OF PSYCHOLOGY

## General Comprehensive Paper Outline Approval Form\*

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Tentative Paper Title: \_\_\_\_\_

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Committee:

Examiner 1 \_\_\_\_\_  
Printed Name Signature

Examiner 2 \_\_\_\_\_  
Printed Name Signature

Examiner 3 \_\_\_\_\_  
Printed Name Signature

Examiner 4 \_\_\_\_\_  
Printed Name Signature

\*Attach copy of outline to form