

Department of Psychology

Date:					
Date:					
To:	Director of Graduate	Director of Graduate Studies			
From:					
	(Student's Name & ID #) Oral Defense of Dissertation				
RE:					
		has presented a successful dissertation			
(Name) (ID#)	liccontation				
oral defense of the C	nssertation				
before this committee	ee:				
		Signatures of Members of the Committee			
	Examination Chair:				
		(SIGN and print name)			
	Dissertation Chair:	(SIGN and print name)			
		(SIGN and print name)			
		(SIGN and print name)			
		(SIGN and print name)			
		Graduate Director (SIGN and print name)			