



DEPARTMENT OF PSYCHOLOGY

## General Comprehensive Paper Outline Approval Form\*

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

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

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

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