



DEPARTMENT OF PSYCHOLOGY

## M.A. Thesis Defense

### Clinical-Community Psychology Graduate Program

Candidate: \_\_\_\_\_

SSN: \_\_\_\_\_

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

#### (ACTION SIGNATURES)

	P	CP	NP
Committee Chair _____	—	—	—
2 <sup>nd</sup> Reader _____	—	—	—

\_\_\_\_\_  
Clinical-Community Program Director

\_\_\_\_\_  
Department Chairman

P = pass; CP = conditional pass (list below); NP = not passed; requires another meeting after revisions

Conditions (if CP, list changes needed to the document; continue on back of page, if necessary):