

Note: This form is **NOT** to be signed by external examiners nor the chair of the thesis defense.

**Department of Psychology
PhD Thesis Committee
Permission to Proceed to Oral Defense**

**Name and ID #
of Student:**

**Start Date of
Degree
Program:**

Title of Thesis:

I have read the above thesis and agree it is ready for submission for examination as specified by the School of Graduate Studies and the Department of Psychology. This is an advisory decision only and does not in any way substitute for the examination process.

_____ Supervisor	_____ Signature	_____ Date
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_____ Committee Member	_____ Signature	_____ Date
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_____ Committee Member	_____ Signature	_____ Date
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_____ Committee Member	_____ Signature	_____ Date
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I acknowledge having received appropriate feedback from my supervisor and advisory committee members prior to submission of my thesis for oral examination.

_____ Student	_____ Signature	_____ Date
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**Date thesis submitted to
PSYC Graduate Office:**