

CLINICAL-COMMUNITY PSYCHOLOGY DISSERTATION APPROVAL FORM (rev. 06/2016)



NAME		Ph.D. CLINICAL-COMMUNITY PSYCHOLOGY
STUDENT ID	EMAIL	
IRB/IACUC #, if applicable:	Embargo Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long? <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years (Embargo request form MUST accompany this approval)	

DISSERTATION TITLE (This title **must** match the title on your Title Page)

Student Signature: _____ Date: _____

REQUIRED COMMITTEE SIGNATURES (DO NOT SUBMIT YOUR DISSERTATION UNTIL THIS SECTION IS COMPLETE)

To the best of our knowledge, we, the undersigned affirm that all recommended changes have been made to the project and if applicable, all classified, confidential, and proprietary content has been properly addressed.

Member Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Member / Co-chair Signature (Please circle one)	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Committee Chair/Co-Chair Signature (Please circle one)	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
UAF Program Director Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
UAA Program Director Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Department Chair Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Dean, UAF College of Liberal Arts Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Dean, UAA Graduate School Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL AFTER YOUR DISSERTATION HAS BEEN REVIEWED AND YOU HAVE MADE THE REQUESTED REVISIONS

Dean, UAF Graduate School Signature	Printed Name and Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Date Uploaded to PQ: ___/___/___	Formatting Revisions Complete? Yes / No	Paperwork Complete? Yes / No	Cleared? Yes / No
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NOTES: