

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

GRADUATE SCHOOL

NAME	
STUDENT ID	EMAIL

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	
Member Signature	Printed Name and Date	
Member Signature	Printed Name and Date	
Member Signature	Printed Name and Date	
Member Signature	Printed Name and Date	
Member / Co-chair Signature (Please circle one)	Printed Name and Date	
Committee Chair/Co-Chair Signature (Please circle one)	Printed Name and Date	

UAF Program Director Signature