ROGER WILLIAMS UNIVERSITY
GRADUATE PROGRAM IN FORENSIC/CLINICAL PSYCHOLOGY
THESIS PROJECT FORM

Date: _____

To: (1) Dean, College of Arts and Sciences - 1 copy
(2) Thesis Chair - 1 copy
(3) Student - 1 copy

Approval is given to: _____ _____
Student's Name ID #

a candidate for degree of Master of Arts in FORENSIC/CLINICAL PSYCHOLOGY, to complete a thesis titled:

_____

Declaration and Composition of Committee:

_____
Committee Member (1) Signature Date

_____
Committee Member (2) Signature Date

_____
Thesis Chair Signature Date

Successful Defense of Thesis Proposal:

_____
Committee Member (1) Signature Date

_____
Committee Member (2) Signature Date

_____
Thesis Chair Signature Date

Successful Defense of Thesis Project

_____
Committee Member (1) Signature Date

_____
Committee Member (2) Signature Date

_____
Thesis Chair Signature Date

_____
Program Coordinator, Master's in Psychology Signature Date

_____
Dean, College of Arts and Sciences Signature Date