

Clinical Psychology 2<sup>nd</sup> Year/3<sup>rd</sup> Year/3<sup>rd</sup> Year Clinical Case Presentation Form

Clinical Area Preliminary Requirement

The Second Year Project/ Third Year Project/Third Year Clinical Case Presentation (delete as appropriate) Preliminary Requirement

for \_\_\_\_\_ was approved on \_\_\_\_\_

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Title of Project (for 2<sup>nd</sup> and 3<sup>rd</sup> year projects)

**For Second and Third Year projects:**

Signature and Date

\_\_\_\_\_

Chairperson

\_\_\_\_\_

Committee Member

**For Third Year Clinical Case Presentation**

Signature and Date

\_\_\_\_\_

Advisor

\_\_\_\_\_

DCT

Please return this form to the clinical area office.