

**PERMISSION TO DEFEND (PT-D)
DISSERTATION FORM**

DEPARTMENT OF PSYCHOLOGY

Statement to the Director of Graduate Studies, Department of Psychology:

(Title)

A dissertation submitted by _____
in partial fulfillment of the requirement of the degree of _____
has been approved by the members of the Doctoral Committee whose signatures are
affixed below. The approval recommends acceptance of the dissertation by the Director
of Graduate Studies, Department of Psychology, and that the oral defense should be
scheduled. It is understood that the draft being submitted is a FINAL DRAFT except for
the possible changes that might result from the oral defense, as approved by the Doctoral
Committee.

MAJOR ADVISOR _____ Date _____
Print & sign

Committee Member _____ Date _____
Print & sign

Committee Member _____ Date _____
Print & sign

Committee Member _____ Date _____
Print & sign