

**THESIS RESEARCH FORM
DEPARTMENT OF PSYCHOLOGY
THE UNIVERSITY OF WEST FLORIDA**

Student: _____ **Student ID#:** _____

Track: _____

Research Title: _____

COMMITTEE:

Chairperson _____ Member _____

Chairperson _____ Member _____

RESEARCH PROPOSAL EVALUATION:

Meeting Date(s):

Committee Approval Signatures:

Member _____ Date _____ Member _____ Date _____

Member _____ Date _____ Member _____ Date _____

HUMAN SUBJECTS OR ANIMAL WELFARE REVIEW (If data are to be collected.):

Approval Date: _____ (Attach copy to this form.)

RESEARCH PROJECT COMPLETION AND ORALS:

Committee Approval Signatures:

Chairperson _____ Date _____ Department Chair _____ Date _____

Member _____ Date _____ Intern Supervisor Evaluation _____ Date _____

Member _____ Date _____ Library Acceptance of Thesis _____ Date _____

Member _____ Date _____

Comments:

Note: There must be a minimum of two members from the Department of Psychology (includes joint appointees and faculty associates, but not adjuncts) on the committee. All members of this Thesis Committee must be informed of any changes in the project membership on the committee.