

GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY 152 FRELINGHUYSEN ROAD * PISCATAWAY* NEW JERSEY 08854 (732) 445-2000 * FAX: (732) 445-4888

Date://	
Department Chairman:	
h. (Student Name)	as successfully defended her/his dissertation proposal as
of this date. Attached are:	
1) copy of the Institutional Revi	iew Board's approval letter (if required)
2) approved Dissertation Propos	sal
Signed:	
Dissertation Committee	Chair
cc: Associate Dean/Student Serv Department File	vices Coordinator