



DEPARTMENT OF PSYCHOLOGY

## General Comprehensive Paper Title

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Tentative Paper Title: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Committee:

Examiner 1 \_\_\_\_\_

Examiner 2 \_\_\_\_\_

Examiner 3 \_\_\_\_\_

Examiner 4 (Outside Member) \_\_\_\_\_

Title and Committee Approved by:

\_\_\_\_\_  
Clinical Community Program Director