APPROVAL OF PREDISSERTATION RESEARCH

Predissertation Research Accepted: _________________________________ Date

Student Name (please print) _______________________________ UT ID

Title of Predissertation Research:
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Accepted by:

Major Professor: _______________________________ Signature _______________________________ Print or Type Name

and

Second Reader: _______________________________ Signature _______________________________ Print or Type Name

and Convention submission (organization/date) is required for Experimental; Convention submission (organization/date) or publication is required for Counseling students; For Clinical students, a publication will substitute for 2nd reader.

Accepted for Publication in Refereed Journal:
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or

Conference submission (organization, date): _____________________________________________
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