

WCU GRADUATE SCHOOL

Thesis Final Defense Form

Program **Doctor of Psychology**

Student's Name:

Student's 92#:

Title:

Thesis required an IRB:

Projected Graduation Term:

Thesis Committee Members (either wet signatures or electronic signatures)

Chair:

Signature:

Date:

*** As the chair, I have verified that all committee members have Graduate Faculty Status**

Member 1:

Signature:

Date:

Member 2:

Signature:

Date: