

Psy.D. RESEARCH COMPLETION FORM

A complete copy of the Directed Study, a rubric from each reader and the Directed Study Abstract must be included with this form. We will not accept with missing documents.

Student Name (Please Print):	
NSU ID Number:	

Please print title of Directed Study:

--

The following section is to be completed by Faculty ONLY:

Date of Final Approval: _____

--	--

Faculty Name (*First Reader/Chairperson*)

Signature

--	--

Faculty Name (*Second Reader*)

Signature

Return this form with attached abstract, a complete copy of the Directed Study, and a rubric from each reader to the Academic Affairs Office