

DEPARTMENT OF PSYCHOLOGY

General Comprehensive Paper Outline Approval Form*

Student:		
Date:		
Tentative Paper Title:		
Committee:		
Examiner 1	Printed Name	<u>Ciara chura</u>
	Finited Name	Signature
Examiner 2	Printed Name	Signature
Examiner 3		
	Printed Name	Signature
Examiner 4		
	Printed Name	Signature
*Attach copy of outline to form		
	UNIVERSITY OF SOUTH CAROLINA • COLUMBIA, SOUTH	H CAROLINA 29208 • 803/777-4137 • FAX 803/777-9558

HTTP://WWW.PSYCH.SC.EDU

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY INSTITUTION