

**MASTER'S COMPREHENSIVE TOPIC APPROVAL**

**SCHOOL OF PSYCHOLOGICAL SCIENCES**

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S BEAR NUMBER \_\_\_\_\_

ADVISOR \_\_\_\_\_

SECOND FACULTY  
READER \_\_\_\_\_

MASTER'S COMPREHENSIVE EXAMINATION PAPER TOPIC (Describe):

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SIGNATURES :

ADVISOR: \_\_\_\_\_ DATE \_\_\_\_\_

SECOND  
FACULTY READER: \_\_\_\_\_ DATE \_\_\_\_\_

*Please return the original of this form to the School of Psychological Sciences for the student's file.*