Master’s Paper/ Grant Acceptance
Art Therapy Psychology

Program: _____________________________________  Student ID: __________________

Student Name: (please print) __________________________________________________________

Address:  _____________________________________________  _______________________
          Street  City  State  Zip

Telephone:  _____________________________________________  _______________________
          Day  Evening  Email

Title of Paper/ Grant: ________________________________________________________________

Students hand in the first draft (one copy) in the following order:
   1. First, to the Committee Chair/ Instructor in the Research Course.
   2. Then, to the Second Reader

Corrections are made, and the corrected copy is submitted again, in the above order, for two signatures.
Please note the due dates:

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<th>INTENDED GRADUATION</th>
<th>DUE DATES</th>
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<tr>
<td>May (Spring Semester)</td>
<td>April 15</td>
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<td>August (Summer Session)</td>
<td>August 10</td>
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<td>December (Fall Semester)</td>
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Instructor/Committee Chair  Signature: ________________________________________________

Print Name: ___________________________________________  Date: __________________

Second Reader  Signature: __________________________________________________________

Print Name: ___________________________________________  Date: __________________

School Dean  Signature: ___________________________________________________________

Print Name: ___________________________________________  Date: __________________

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If your study was approved by the IRB, please indicate your IRB approval number: __________

Signature:  ____________________________________________

Print Name: ___________________________________________  Date: __________________

Hand in the signed sheet and three copies of your thesis/grant to your department.

Date sent to the Registrar: ____________________________