**UNIVERSITY OF BRITISH COLUMBIA**

Faculty of Education

Department of Educational and Counselling Psychology, and Special Education

**SACP Dissertation Proposal Approval Form**

Date:

This is to certify that ,

(Name) (Student #)

has successfully defended and had approved the proposal for their dissertation for the Ph.D. in School and Applied Child Psychology in the UBC Department of Educational and Counselling Psychology, and Special Education.

Title of Dissertation:

Supervisory Committee:

 Supervisor(s):

 Name Signature

 Supervisory Committee:

 Name Signature

 Name Signature