Northwest UNIVERSITY

Form 4

Doctoral Dissertation Dissemination

College of Social and Behavioral Sciences

Doctor of Psychology in Counseling Psychology Program

Student Name: _____

Title of Dissertation: _____

_____

Proposed Dissemination Location and Method:

_____

_____

_____

_____

Proposal Approval Signatures:

Dissertation Chair: _____ Date: _____

Student: _____ Date: _____

----------Upon Completion of Dissemination----------

Dissemination Date: _____

Evidence of Completed Dissemination: _____

Approval Signatures:

Dissertation Chair: _____ Date: _____

Student: _____ Date: _____