Northwest UNIVERSITY

Form 3

Results of Dissertation Committee's Review of the Doctoral Dissertation

College of Social and Behavioral Sciences

Doctor of Psychology in Counseling Psychology Program

Student Name: _____

Email: _____

Phone (best contact number): (_____) _____-_____

Title of Dissertation: _____

_____

APPROVALS:

☐ Pass with no revisions (accept minor editorial recommendations)

☐ Pass with substantive revisions, re-submit to Chair only for review*

☐ Pass with substantive revisions, re-submit to entire committee for review**

☐ Resubmit and Re-Defend to Committee

Revisions required (use additional pages if necessary):

Dissertation Chair: _____ Date: _____

*All revisions complete: _____ Date: _____

☐ I have initiated the check request process for the committee

GL codes for committee payment
Adjunct/Non-Employees: 62000
Full-Time Faculty: 50100
Part-Time Faculty: 50200

Committee Member: _____ Date: _____

**All revisions complete: _____ Date: _____

☐ I am not an NU employee. I have sent my W-9 to accountspayable@northwestu.edu so I can be compensated

☐ I am an NU employee

Committee Member: _____ Date: _____

**All revisions complete: _____ Date: _____

☐ I am not an NU employee. I have sent my W-9 to accountspayable@northwestu.edu so I can be compensated

☐ I am an NU employee

Student: _____ Date: _____

Dean: _____ Date: _____

**Only the Chair needs to sign revisions. **The Chair and all committee members need to sign revisions.*

CSBS Payroll: _____ Date:

Oral Dissertation Defense Review

Student Name: _____

Title of Dissertation: _____

This form is used during the final dissertation defense to evaluate the quality of the student's dissertation. At the defense, the committee completes one form together and submits the form to the Psy.D. Program Coordinator. A satisfactory is a score of 3 or higher in any category and an overall score of 4 or higher.

1	2	3	4	5
NEEDS IMPROVEMENT	BELOW STANDARD	MEETS STANDARD	ABOVE STANDARD	EXCEPTIONAL

Rating Scale Definitions:

1: Fails to demonstrate and/or achieve the item. Quality of work is not consistent with doctoral-level work. *Traditional Grading Scale Equivalents: F, D*

2: Poor demonstration and/or achievement of the item. Lower quality than appropriate for doctoral-level work.

Traditional Grading Scale Equivalents: C-, C, C+

3: Demonstrates and/or achieves the item. Quality meets minimal standard for doctoral-level work.

Traditional Grading Scale Equivalents: B-, B

4: Successfully demonstrates and/or achieves the item. Quality is consistent with doctoral-level work.

Traditional Grading Scale Equivalents: B, B+

5: Exceptional demonstration and/or achievement of the item. Quality of work is consistent with professional research. *Traditional Grading Scale Equivalents: A-, A*

Dissertation Document:

APA Style and Format

Grammar

Quality of Lit. Review (clarity, organized, relevant, thorough, sufficient) Quality

of Methods (clarity, organized, appropriate)

Quality of Results (clarity, organized, accuracy)

Quality of Discussion (clarity, organized, appropriateness, thoughtful, relevant)

Appropriate connection between Research Question/Hypothesis and Results

Interpretation and Generalization/Application (appropriate)

Appropriate supporting material (bibliography, appendixes, test materials, etc.)

Number of Scores below 3: _____ ***Average Score for Section:*** _____

Oral Presentation:

Time management (approx. 20 min., covered pertinent material, logical flow)

Professionalism (attire, behavior, interaction with committee members) Mastery of study and relevant information

Engagement (eye contact, voice fluctuation, etc.)

Answers Committee's Questions (appropriately) Overall Quality of the Presentation

Number of Scores below 3: _____ ***Average Score for Section:*** _____

Overall Average Score: _____

Northwest UNIVERSITY

Check Request Form

Accounting Dept Use
_____W-9
_____Yes this is a 1099
_____Advance Log
_____Reroute for Completion
_____Returned to Accounting

Instructions: Complete all sections and turn in this form, including all receipts or supporting documentation, to Accounting by **Friday**.
Checks will be available the following Thursday after 2:00pm.

Department

Department Number: **1460**

Date Needed: *(if different from normal schedule)* _____

Check Distribution

◯ Mail Directly ◯ Send Check with Enclosures ◯ Send Inter-Office to: _____

Payee Information

Name: _____ NU ID Number: _____

Payee is: ◉ NU Employee ◯ Vendor

_____ _____ _____ _____ _____
Address Address City State Zip Code

◯ This is a new address. ◯ This is a new vendor. (Please attach W-9.)

Itemized Expenses

Event & Item Description	Today's Date	Dates of Event	Invoice Date	Invoice #	PO #	Amount	GL Account #
Payment for services as a dissertation committee member in the PsyD program.			X	X	X		
Student name:	X	X	X	X	X	X	X
Final Payment ● Sales Tax Included ●				**Total Check Amount:**			

Required Signatures

Student Associations

_____
President of Association

_____
Treasurer of Association

_____
Advisor to Association

Employee Requests

_____
Director or Dean

_____
Vice President