ACKNOWLEDGMENT and UNDERSTANDING

I have attended the Graduate Student Orientation given by the East Tennessee State University School of Graduate Studies on (date of orientation) ________________ where their handbook and policies were reviewed. Furthermore, I acknowledge that I have read the ETSU Graduate Studies handbook and policies and am in agreement with them.

Signed name_________________________________________  Date________________________

I have attended the East Tennessee Department of Psychology’s Clinical Psychology orientation for Graduate Students on (date of orientation) ________________ where the Department of Psychology Handbook and policies were reviewed.

- I acknowledge that I have read the ETSU Psychology Handbook. It is my understanding that I am to familiarize myself and comply with the policies, procedures, and forms contained therein and to ask the Director of Clinical Training for any areas that I need to have clarified.
- I understand that policies, forms, and procedures contained in the handbook are subject to change and that I will be informed of these changes.
- I understand that this form will be kept on file in the Clinical Psychology Office in my personal file.

My signature attests to my agreement and understanding of the statements above.

Signed name_________________________________________  Date________________________
ETSU Clinical Psychology PhD Program  
Signature Form for Portfolio Review  

I, __________________ (Print Graduate Student Name), acknowledge that I have to the best of my ability completed all sections of the portfolio as outlined in the ETSU Clinical Psychology Ph.D. Program Handbook and have reviewed this document and received feedback from my Primary Academic Advisor. I understand that this acknowledgement form and my portfolio should be submitted to the Clinical Psychology Executive Aide (by the end of the fall academic semester) and will be reviewed by faculty as part of my annual review in the spring academic semester.  

Signatures:  

__________________________  Date  
Graduate Student  

__________________________  Date  
Primary Academic Advisor
EAST TENNESSEE STATE UNIVERSITY
PHD IN PSYCHOLOGY: CLINICAL CONCENTRATION
APPOINTMENT OF PRIMARY ACADEMIC ADVISOR

Student Name ____________________________  E# ___________________

The Primary Academic Advisor as indicated below was designated during a conference with the student on __________________________
Date __________________________
Name of Primary Academic Advisor

______________________________
Student Signature

______________________________
Primary Academic Advisor Signature

______________________________
Director of Clinical Training Signature  Date

CHANGE OF ACADEMIC ADVISOR

I hereby request the following change in academic advisor:

From: ____________________________
Advisor Name  Advisor Signature and Date

To: ____________________________
Advisor Name  Advisor Signature and Date

______________________________
Student Signature and Date

______________________________
Director of Clinical Training Signature and Date

November 2012
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THE APPOINTMENT OF AN ADVISORY COMMITTEE
FOR THE DOCTORAL OR MASTER'S DEGREE

Student Name ________________________________ E# __________________
(Please type or print)

Admitted to graduate school in the ____________ semester of ____________
(Fall/Spring/Summer) (Enter year of admission)

Field of Study _______________________________________________________

Concentration _______________________________________________________

Option: Thesis ☐ Non Thesis ☐

Degree ________________________________

NOTE: The student is responsible for scheduling a conference with the chair or graduate coordinator of his/her major
department to nominate an advisory committee. It is the responsibility of the student to present this appointment form to the
department chair or graduate coordinator and to all committee members for signatures and to file this form with the School
of Graduate Studies.

The members of the student’s advisory committee as indicated below were designated during a conference

with the student on _____________________ Graduate Coordinator

Faculty signatures affixed below constitute acceptance of the advisory committee assignment. The chair of the advisory
committee or the graduate coordinator is responsible for reviewing the student’s program and ensuring that it fulfills
program requirements.

<table>
<thead>
<tr>
<th>Committee Names and Phone Numbers (Please type or print)</th>
<th>Committee Signatures and Dates</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair, Advisory Committee</td>
<td>Phone Number</td>
<td>Signature</td>
</tr>
<tr>
<td>Committee Member</td>
<td>Phone Number</td>
<td>Signature</td>
</tr>
<tr>
<td>Committee Member</td>
<td>Phone Number</td>
<td>Signature</td>
</tr>
<tr>
<td>Committee Member</td>
<td>Phone Number</td>
<td>Signature</td>
</tr>
<tr>
<td>Committee Member</td>
<td>Phone Number</td>
<td>Signature</td>
</tr>
</tbody>
</table>

Office Use Only

Grad Faculty Status | Expiration Date
--------------------|-------------------

Approved

Dean, School of Graduate Studies ______________ Date ___________
MEMORANDUM OF ORAL DEFENSE

TO: School of Graduate Studies

FROM: School of Graduate Studies

Box 70720
Johnson City, TN 37614-1710
(423) 439-4221 phone or (423) 439-5624 fax

SUBJECT: Notification of Oral Examination for Thesis or Dissertation and Graduate Faculty Representative

DATE: _______________________________________________________________________

Student's Name: ___________________________ E#: ___________________________

Email: ___________________________________________

Degree: ___________________________ Dept. Campus Box: ___________________________

Date of Exam: ___________________________ Time: ___________________________

Building: ___________________________ Room #: ___________________________

Signature of Chair, Advisory Committee Phone Number Fax Number

Signature of Graduate Coordinator Phone Number Fax Number

Important Information
The department is responsible for sending a copy of the student's abstract to Graduate Faculty Representative (Outside Observer) at least ten days before the defense. In case of cancellation, the department is responsible for notifying the Graduate Faculty Representative and the appropriate Graduate Studies Liaison.

The Graduate Faculty Representative is not considered a part of the examining committee, does not vote, but must complete the NARRATIVE REPORT form and return it to the School of Graduate Studies immediately upon completion of the exam.

- For Graduate Studies Use Only -

The Graduate Faculty Representative is: _______________________________________

Department: ___________________________

Phone: ___________________________ Box: ___________________________ Fax: ___________________________

Graduate Program Specialist Phone E-Mail

Scheduled By: ___________________________ Date: ___________________________
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES
RESULTS OF EXAMINATION, REPORT, AND/OR CULMINATING EXPERIENCE

This form is a grade and must be presented in the School of Graduate Studies by a departmental faculty or staff member.

Student Name ___________________________ E# ___________________________

Field of Study ___________________________ Concentration ___________________________ Degree ___________________________

The above candidate has completed the required examination(s) as checked below:

1. Written Comprehensive Examination
   Date Held ___________________________ Passed [☐] Failed [☐]

2. Oral Comprehensive Examination
   ___________________________ [☐] [☐]

3. Master's Thesis Defense
   ___________________________ [☐] [☐]

4. Doctoral Defense
   ___________________________ [☐] [☐]

5. Doctoral Qualifying Examination
   ___________________________ [☐] [☐]

6. Doctoral Preliminary Examination
   ___________________________ [☐] [☐]

7. Report: (explain)
   ___________________________ [☐] [☐]

8. Culminating Experience: (explain)
   ___________________________ [☐] [☐]

Signatures of Examining Committee

Chair, Advisory Committee ___________________________

Committee Member ___________________________

Committee Member ___________________________

Committee Member ___________________________

Remarks or Conditions

Return Original to School of Graduate Studies
Manuscript Review Form

Because submission of this form by me assures that this student's committee has approved the thesis/dissertation in the form being submitted to the School of Graduate Studies, I ask that the Dean of the School of Graduate Studies contact the registrar to request a change of grade for thesis/dissertation coursework taken prior to the current term (from "SP" to "S") upon final approval of the thesis/dissertation.  

Yes ________  No ________

Name: _______________________________ E#: __________________

If the information below changes during the review period, please contact the Graduate School.

Phone: Current residence ___________________ Campus location ___________________ Other __________________

Mailing address: ________________________________

City, State, Zip: ________________________________

If your electronic manuscript needs revision, it will be returned to you via email along with any comments to the address listed below:

Your email address: ________________________________

Manuscript title: ________________________________

Name of the file you’ll upload (use your last name plus first initial): ________________________________.PDF

Option 1: Departmental style guide for this manuscript (approved by the committee chair).  [Check one]:

ACS [ ] APA [ ] ASA [ ] AMA [ ] Campbell/Ballou [ ] CSE [ ] LaTex [ ] MLA [ ] Turabian [ ] Other: ________________________________

Option 2: Alternate Format: List the name(s) of the Peer-reviewed Journal(s) in your Discipline that were used as a guide:

__________________________________________________________

Degree (circle one) EdD / MALS / MPH / DPH / MSEE / MSN / MA / MFA or MS / PhD in ________________________________

Chair (Name) ___________________ (Office) ___________ (Phone) ___________

Does your chair want a copy sent to him/her? (Yes / No): e-mail: _________________________

Your advisory committee must read and sign this section. Manuscripts will not be accepted for review without these signatures.

As a member of this student’s advisory committee, I release this student’s manuscript for review by the Dean of Graduate Studies and verify that:

I. I read and approved this manuscript; and
II. (circle one) a. it conforms to the departmental style manual and to the style manual of the School of Graduate Studies.
   b. The program allows use of Alternate Format and this document conforms to the style of the Journal(s) indicated and to the style manual of the School of Graduate Studies.
III. The research involved in this study has conformed fully to the regulations of the Institutional Review Board (IRB) at ETSU; and
IV. To the regulations of Division of Laboratory Animal Resources (DLAR) at ETSU; and
V. To the guidelines of the Radiation Safety Office (RSO) at ETSU.

Chair’s Signature * please answer the question in red at the top of this form  Date

Member’s Signature  Date

Member’s Signature  Date

Member’s Signature  Date

Member’s Signature  Date

I realize that I have responsibilities that must be fulfilled before I will be cleared for graduation. I must create an online student profile and submit my ETD via the ETD website, pay my ETD microfilming fee, fill out ETD release forms for ETSU and UMI, and turn in copies of my IRB and DLAR approval letters, if applicable.  

Student’s signature  Date
Access to your ETD

The library system will file your ETD and create an entry for it in its library catalog. Its basic bibliographic information—author, title, abstract, etc.—that will be accessible to anyone searching the library catalog, whether from a campus computer or via the Internet. However, you have some control over who can access your ETD itself. A full-text version will be available for viewing, printing, or downloading at any ETSU computer. This is in accordance with longstanding library policy that graduate research documents are public record and should be made available. You can, however, disallow access by off-campus computers. This would keep anyone who reaches the library via the Internet from seeing your ETD.

You determine the level of access for your ETD when you create your online profile. Currently there are three options:

1. **Unrestricted** – release the entire work for access worldwide.
2. **Restricted** – release the entire work for ETSU access only.
3. **Withheld** – In cases where confidentiality or property rights merit that the text of the manuscript be unavailable in electronic form, the author may petition in writing the Dean of the School of Graduate Studies to withhold the work. If withheld, the work will not be available in electronic form, either from off campus or on, for a period of one year. At the end of the one-year period the author may request an extension for an additional year. At the end of the one-year withheld period, or its extension if requested, the work will become unrestricted (#1 above), unless you request in writing that it be restricted (#2 above).

**UMI.** After your manuscript is approved; your ETD and paperwork will be sent to UMI ProQuest, for microfilming. The microfilm copy of your ETD will be held in ETSU’s archives. UMI will save your ETD and bibliographic information in its archives and will add a citation, including abstract, to its commercial and free databases, which are made available worldwide. UMI sells copies of the theses and dissertations that it archives as part of its business. You must determine separately whether UMI can distribute copies of your ETD. You do this when you fill out your UMI ETD release form.

**Release agreement**

I have read the above description of the ways my ETD can be made accessible by ETSU in electronic form and I understand it. I understand that when I create my online profile, I can choose to make it either unrestricted or restricted, or that I may petition the Dean of the School of Graduate Studies to have it withheld or to set it up as a mixed access ETD. I understand that the option I choose in the profile is the one that will be used to set my access at the time of my manuscript’s approval, but if that option disagrees with the option I select below, the Graduate School may change the online option to match my selection on this form. I understand that I may change the accessibility of my ETD after my manuscript is approved by sending a written request to the Dean.

I am indicating below my choice of access to my ETD:

- Unrestricted
- Restricted
- **I am petitioning the Dean to have it Withheld**

---

**Student’s Name**  
**Signature**  
**Date**
STUDENT: ________________________________________ ID#: __________________________
(Print)

Case Type: ___ Vignette Provided ___ Actual Case of Student ___ Actual Case of Supervisor

Client Age: _____ _____ Male _____ Female _____ Low SES _____ Middle SES _____ High SES

Client Race/Ethnicity: ____________________________________________ Presenting Problems: ____________________________________________

Axis I: ____________________________________________ Axis II: ____________________________________________

Axis III: ____________________________________________ Axis IV: ____________________________________________

Axis V: ____________________________________________ Key Elements of Client History: ____________________________________________

Key Elements of Family/Social History: ____________________________________________

Signatures affixed below constitute acceptance of the advisory committee assignments and case selection.

Chair, Advisory Committee (Print) __________________________ Signature __________________________ Phone number ______ Date ______

Committee Member (Print) __________________________ Signature __________________________ Phone number ______ Date ______

Committee Member (Print) __________________________ Signature __________________________ Phone number ______ Date ______

Consulting Clinician (Print) __________________________ Signature __________________________ Phone number ______ Date ______

Student (Print) __________________________ Signature __________________________ Phone number ______ Date ______

Approval Granted: ____ Yes ____ No If "No," reason: __________________________

Director of Clinical Training (Print) __________________________ Signature __________________________ Phone number ______ Date ______

If desirable, a Clinical Supervisor may be named and consulted by the student in preparation for the Exam.

_________________________ (Print) __________________________ Signature __________________________ Phone number ______ Date ______

Last revised on 9/03/13
EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM
RESULTS OF THE CLINICAL CAPSTONE PROJECT

STUDENT: ___________________________ ID#: ____________________
(Print)

WRITTEN PRESENTATION
1) the integration of case/client background and history; _______PASS____CONDITIONALLY PASS _______FAIL
2) symptoms and presenting problems; _______PASS____CONDITIONALLY PASS _______FAIL
3) diagnostics and assessment; _______PASS____CONDITIONALLY PASS _______FAIL
4) theoretical framework, which includes at least two alternate theoretical conceptualizations; _______PASS____CONDITIONALLY PASS _______FAIL
5) treatment considerations, including evidence based approaches; _______PASS____CONDITIONALLY PASS _______FAIL
6) treatment plan, including short, mid-range, and long-term goals; _______PASS____CONDITIONALLY PASS _______FAIL
7) individual and cultural differences; _______PASS____CONDITIONALLY PASS _______FAIL
8) ethical issues and, _______PASS____CONDITIONALLY PASS _______FAIL
9) outcome information and assessment. _______PASS____CONDITIONALLY PASS _______FAIL

Notes:

ORAL PRESENTATION
1) the integration of case/client background and history; _______PASS____CONDITIONALLY PASS _______FAIL
2) symptoms and presenting problems; _______PASS____CONDITIONALLY PASS _______FAIL
3) diagnostics and assessment; _______PASS____CONDITIONALLY PASS _______FAIL
4) theoretical framework, which includes at least two alternate theoretical conceptualizations; _______PASS____CONDITIONALLY PASS _______FAIL
5) treatment considerations, including evidence based approaches; _______PASS____CONDITIONALLY PASS _______FAIL
6) treatment plan, including short, mid-range, and long-term goals; _______PASS____CONDITIONALLY PASS _______FAIL
7) individual and cultural differences; _______PASS____CONDITIONALLY PASS _______FAIL
8) ethical issues and, _______PASS____CONDITIONALLY PASS _______FAIL
9) outcome information and assessment. _______PASS____CONDITIONALLY PASS _______FAIL

_________________________ Signature ___________________________ Date
Chair, Advisory Committee (Print)
_________________________ Signature ___________________________ Date
Committee Member (Print)
_________________________ Signature ___________________________ Date
Committee Member (Print)
_________________________ Signature ___________________________ Date
Director of Clinical Training (Print)

Results Accepted: ____ Yes ____ No
If No, reason: ____________________________________________________

Last revised on 9/03/13
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Application for Candidacy for the Master's Degree

I, ____________________________, hereby apply for admission to candidacy for the Master of [degree] at East Tennessee State University. To the best of my knowledge, I have completed all the prerequisites for admission to candidacy. I intend to do my graduate work under the ______________ option.

Graduate Major: ____________________________

Concentration: ____________________________

Provisional Admission: [ ] Yes [ ] No

Provisions Met: [ ] Yes [ ] No

The attached program of study has been planned with the guidance of the chair of my advisory committee or with the graduate coordinator in my program. In addition, I have met all the provisions of my admission.

[ ] Second Master's Degree

An approved program of study for the other degree is on file.

Signature of Applicant ____________________________ Date

Signature of Advisory Committee Chair ____________________________ Date

Signature of Graduate Coordinator ____________________________ Date

For Graduate School Office Use Only:

Program checked against catalog requirements ____________________________ Date

Graduate Grade Point Average ____________________________

Approved by: ____________________________ Date

Graduate Analyst

Approved by: ____________________________ Date

Dean, School of Graduate Studies
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES
Notice of Intention to Graduate

You should deliver this form to Burgin Dossett Hall, Rm 309, or mail/fax it to the School of Graduate Studies as shown at the bottom of this document. It is your responsibility to ensure this document arrives at the School of Graduate Studies Office by the specified deadline date posted each term. If you do not submit your intent on time, you will be considered for graduation and must file a new intent for the following graduation term.

Enter your name. The name on the diploma will be the name that is on university records. If your name has changed, please contact the Office of the Registrar to begin the name change process.

Name

E# ___________________ Telephone Number _______________________

Contact Information

Students are now responsible for maintaining a current email address. You should verify and correct your address and phone number on GoldLink. Please be advised that incorrect information may result in the loss of valuable information/materials, (Diploma, Cap and Gown, etc.) The Graduation Office is not responsible for loss due to a student’s failure to update this address.

Invitations

To order invitations for the Commencement Ceremony please contact: BALFOUR 1-877-225-3687.

Check relevant degree below.

GRADUATE DEGREE

☐ Master of Accountancy ☐ Master of Science
☐ Master of Allied Health ☐ Master of Science in Environmental Health
☐ Master of Arts ☐ Master of Science in Nursing
☐ Master of Arts in Liberal Studies ☐ Master of Social Work
☐ Master of Arts in Teaching ☐ Specialist in Education
☐ Master of Business Administration ☐ Doctor of Audiology
☐ Master of City Management ☐ Doctor of Education
☐ Master of Education ☐ Doctor of Nursing Practice
☐ Master of Fine Arts ☐ Doctor of Philosophy
☐ Master of Professional Studies ☐ Doctor of Physical Therapy
☐ Master of Public Administration ☐ Doctor of Public Health
☐ Master of Public Health

Expected Graduation: ☐ Fall ☐ Spring ☐ Summer Year: ______

Graduate Major ____________________________

Concentration ____________________________

I have read the Notice of Intention to Graduate and understand that if I do not satisfy the degree requirements for the above stated semester, I must submit a new form in the next term and every applicable term thereafter.

Signature _______________________________ Date ____________

Print Name ________________________________

East Tennessee State University, School of Graduate Studies
Burgin Dossett Hall, Room 309, Box 70720
Johnson City, TN 37614-1710
Phone: 423-439-4221 Fax: 423-439-5624 Email: gradsch@etsu.edu

DETAILS OF CAP AND GOWN

Height Weight
☐ 4'10 - 5'00 ☐ Under 250
☐ 5'01 - 5'03 ☐ 250 - 275
☐ 5'04 - 5'06 ☐ 276 - 281
☐ 5'07 - 5'09 ☐ 282 - above
☐ 5'10 - 6'00
☐ 6'01 - 6'03
☐ 6'04 - 6'06
☐ 6'07 - 6'09
☐ 6'10 - 7'00
**EAST TENNESSEE STATE UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
Program of Study for the Master's Degree en route to the Clinical Psychology Ph.D.

Name: ________________________________  
Student's Name (please type or print)  
E #

Field of Study: ________________________________  
Concentration: ________________________________

<table>
<thead>
<tr>
<th>Course ID Number</th>
<th>Course Title</th>
<th>Grade</th>
<th>Credit Hours</th>
<th>Semester Completed or to be Completed</th>
<th>Transfer Credit</th>
<th>Substitute Course</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC5000</td>
<td>Broad &amp; General Foundations in Psychology</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5010</td>
<td>Advanced History &amp; Systems in Psychology</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5040</td>
<td>Rural Research and Practice</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5100</td>
<td>Legal and Ethical Issues in Psych</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5210</td>
<td>Statistical Methods</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5220</td>
<td>Personality and Psychotherapy Models</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5410</td>
<td>Correlation &amp; Multiple Regression</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5707</td>
<td>Advanced Behavioral Neuroscience</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5817</td>
<td>Intro to Psychological Measurement</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5825</td>
<td>Psychopathology</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5830</td>
<td>Psychological Assessment I: Adult</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5850</td>
<td>Psychological Assessment II: Child</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5870</td>
<td>Interviewing Techniques in Psychology</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSCY5910</td>
<td>Clinical Psychological Clerkship</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC5960</td>
<td>Thesis</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of hours required for degree: 47

* Non-ETSU transfer credit must be approved before it can be shown on the program of study.

Student's Signature: ________________________________  
Date: ________________________________

Approved: ________________________________  
Advisory Committee Chair  
Date: ________________________________

Approved: ________________________________  
Director of Clinical Training  
Date: ________________________________

From Catalog 2012-present
STUDENT: ___________________________________________ ID#: ____________________________
(Print)

NOTE: See Student Handbook for Full Requirements.

Signatures affixed below constitute acceptance of the advisory committee assignments.

<table>
<thead>
<tr>
<th>Chair, Advisory Committee (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee Member (Print)</td>
<td>Signature</td>
<td>Phone number</td>
<td>Date</td>
</tr>
<tr>
<td>Committee Member (Print)</td>
<td>Signature</td>
<td>Phone number</td>
<td>Date</td>
</tr>
<tr>
<td>Committee Member (Print)</td>
<td>Signature</td>
<td>Phone number</td>
<td>Date</td>
</tr>
</tbody>
</table>

If needed, an additional consulting (non-voting) committee member may be named (see above and Handbook).

<table>
<thead>
<tr>
<th>5th Committee Member (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
</table>

Student (Print) | Signature | Phone number | Date |

Approval Granted:  Yes  No  If No, reason: ____________________________

| Director of Clinical Training (Print) | Signature | Phone number | Date |

Last revised on 1/28/10
STUDENT: ___________________________ ID#: ___________________________
(Print)

PROPOSAL MEETING RESULTS

Note: See Student Handbook.

Chair, Advisory Committee (Print) ___________________________ Signature ___________________________ Phone number ___________________________ Date____________________

Student Name (Print) ___________________________ Signature ___________________________ Phone number ___________________________ Date____________________

Results Accepted: _____ Yes _____ No If No, reason: ___________________________

Director of Clinical Training (Print) ___________________________ Signature ___________________________ Phone number ___________________________ Date____________________

November 2012
RESULTS OF THE PRE-DOCTORAL PRELIMINARY PROJECT DEFENSE

STUDENT: ___________________________  ID#: ___________________________
(Print)

DEFENSE MEETING RESULTS

The Student _____PASSED   _____CONDITIONALLY PASSED   _____FAILED the Written Component.

The Student _____PASSED   _____CONDITIONALLY PASSED   _____FAILED the Oral Component.

Notes:

Chair, Advisory Committee (Print)  Signature  Phone number  Date
Committee Member (Print)  Signature  Phone number  Date
Committee Member (Print)  Signature  Phone number  Date
Committee Member (Print)  Signature  Phone number  Date

Results Accepted:  _____Yes  _____No  If No, reason: ____________________________

Director of Clinical Training (Print)  Signature  Phone number  Date

November 2012
I, ________________________________, hereby apply for admission to candidacy for the Doctorate in ________________________________ at East Tennessee State University. To the best of my knowledge, I have completed all of the prerequisites for admission to candidacy, graduate as well as undergraduate. The degree of Bachelor of ________________________________ was received from ________________________________ located in ________________________________ on _________________________________. The degree of Master of ________________________________ (if applicable) was received from ________________________________ located in ________________________________ on _________________________________. My transcripts of undergraduate and graduate credits are on file with the Dean of the School of Graduate Studies. The proposed title for my doctoral dissertation is ________________________________ (if applicable)

My doctoral is ________________________________

The area of concentration (if applicable) will be ________________________________

The attached program of study has been planned with the guidance of the chair of my advisory committee or with the graduate coordinator in my program. In addition, I have met all the conditions of my admission.

_________________________________________  
Signature of Applicant  
Date

_________________________________________  
Signature of Committee Chair or Graduate Coordinator  
Date

-For Graduate School Office Use Only-

Program checked against catalog requirements  
Date  
Graduate Grade Point Average  

Approved by: ________________________________  
Date  
Graduate Analyst

Approved by: ________________________________  
Date  
Dean, School of Graduate Studies
THE APPOINTMENT OF AN ADVISORY COMMITTEE
FOR THE DOCTORAL OR MASTER’S DEGREE

Student Name ___________________________________________ E# ___________________________________________
(Please type or print)

Admitted to graduate school in the __________ semester of __________
(Fall/Spring/Summer) (Enter year of admission)

Field of Study ____________________________________________

Concentration ____________________________________________

Option: Thesis [ ] Non Thesis [ ]

Degree __________________________________________________

NOTE: The student is responsible for scheduling a conference with the chair or graduate coordinator of his/her major department to nominate an advisory committee. It is the responsibility of the student to present this appointment form to the department chair or graduate coordinator and to all committee members for signatures and to file this form with the School of Graduate Studies.

The members of the student’s advisory committee as indicated below were designated during a conference

with the student on ____________________________ Graduate Coordinator ____________________________

Faculty signatures affixed below constitute acceptance of the advisory committee assignment. The chair of the advisory committee or the graduate coordinator is responsible for reviewing the student’s program and ensuring that it fulfills program requirements.

<table>
<thead>
<tr>
<th>Committee Names and Phone Numbers</th>
<th>Committee Signatures and Dates</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please type or print)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair, Advisory Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Signature Date</td>
<td>E#</td>
</tr>
<tr>
<td>Committee Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Signature Date</td>
<td>E#</td>
</tr>
<tr>
<td>Committee Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Signature Date</td>
<td>E#</td>
</tr>
<tr>
<td>Committee Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Signature Date</td>
<td>E#</td>
</tr>
<tr>
<td>Committee Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Signature Date</td>
<td>E#</td>
</tr>
</tbody>
</table>

Approved __________________________________________

Dean, School of Graduate Studies ________________________ Date ___________________
DOCTORAL DISSERTATION PROPOSAL MEETING OUTCOME

STUDENT: ___________________________  ID#: ____________________________
(Print)

PROPOSAL MEETING RESULTS

Note: See Student Handbook.

<table>
<thead>
<tr>
<th>Chair, Advisory Committee (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Member (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Member (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee Member (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Name (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results Accepted:   ____ Yes   ____ No  If No, reason: ____________________________

<table>
<thead>
<tr>
<th>Director of Clinical Training (Print)</th>
<th>Signature</th>
<th>Phone number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

November 2012
MEMORANDUM OF ORAL DEFENSE

TO: School of Graduate Studies

FROM: ____________________________

SUBJECT: Notification of Oral Examination for Thesis or Dissertation and Graduate Faculty Representative

DATE: ____________________________

Student's Name: ____________________________ E#: ____________________________

Email: ____________________________

Degree: ____________________________ Dept. Campus Box: ____________________________

Date of Exam: ____________________________ Time: ____________________________

Building: ____________________________ Room #: ____________________________

Signature of Chair, Advisory Committee

Phone Number

Fax Number

Signature of Graduate Coordinator

Phone Number

Fax Number

Important Information

The department is responsible for sending a copy of the student's abstract to Graduate Faculty Representative (Outside Observer) at least ten days before the defense. In case of cancellation, the department is responsible for notifying the Graduate Faculty Representative and the appropriate Graduate Studies Liaison.

The Graduate Faculty Representative is not considered a part of the examining committee, does not vote, but must complete the NARRATIVE REPORT form and return it to the School of Graduate Studies immediately upon completion of the exam.

- For Graduate Studies Use Only -

The Graduate Faculty Representative is: ____________________________

Department: ____________________________

Phone: ____________________________ Box: ____________________________ Fax: ____________________________

Graduate Program Specialist

Phone

E-Mail

Scheduled By: ____________________________ Date: ____________________________
Because submission of this form by me assures that this student's committee has approved the thesis/dissertation in the form being submitted to the School of Graduate Studies, I ask that the Dean of the School of Graduate Studies contact the registrar to request a change of grade for thesis/dissertation coursework taken prior to the current term (from "SP" to "S") upon final approval of the thesis/dissertation. Yes _________ No _________

Name: ___________________________ E#: ________________

If the information below changes during the review period, please contact the Graduate School.

Phone: Current residence ____________ Campus location ____________ Other ____________

Mailing address: ________________________________

City, State, Zip: ________________________________

If your electronic manuscript needs revision, it will be returned to you via email along with any comments to the address listed below:

Your email address: ________________________________

Manuscript title: ________________________________

Name of the file you'll upload (use your last name plus first initial): __________________________.PDF

Option 1: Departmental style guide for this manuscript (approved by the committee chair). [Check one]:

ACS [ ] APA [ ] ASA [ ] AMA [ ] Campbell/Ballou [ ] CSE [ ] LaTex [ ] MLA [ ] Turabian [ ] Other:

Option 2: Alternate Format: List the name(s) of the Peer-reviewed Journal(s) in your Discipline that were used as a guide:

Degree (circle one) EdD / MALS / MPH / DPH / MSEH / MSN / MA / MFA or MS / PhD in

Chair (Name) ____________________(Office) ____________________(Phone) ____________________

Does your chair want a copy sent to him/her? (Yes / No); e-mail: ________________________________

Your advisory committee must read and sign this section. Manuscripts will not be accepted for review without these signatures.

As a member of this student's advisory committee, I release this student's manuscript for review by the Dean of Graduate Studies and verify that:

I. I read and approved this manuscript; and
II. (circle one) a. It conforms to the departmental style manual and to the style manual of the School of Graduate Studies.
   b. The program allows use of Alternate Format and this document conforms to the style of the Journal(s) indicated and to the style manual of the School of Graduate Studies.
III. The research involved in this study has conformed fully to the regulations of the Institutional Review Board (IRB) at ETSU; and
IV. To the regulations of Division of Laboratory Animal Resources (DLAR) at ETSU; and
V. To the guidelines of the Radiation Safety Office (RSO) at ETSU.

Chair's Signature * please answer the question in red at the top of this form __________________________ Date

Member's Signature __________________________ Date

Member's Signature __________________________ Date

Member's Signature __________________________ Date

Member's Signature __________________________ Date

I realize that I have responsibilities that must be fulfilled before I will be cleared for graduation. I must create an online student profile and submit my ETD via the ETD website, pay my ETD microfilming fee, fill out ETD release forms for ETSU and UMI, and turn in copies of my IRB and DLAR approval letters, if applicable.

Student's signature __________________________ Date
Access to your ETD

The library system will file your ETD and create an entry for it in its library catalog. Its basic bibliographic information—author, title, abstract, etc.—that will be accessible to anyone searching the library catalog, whether from a campus computer or via the Internet. However, you have some control over who can access your ETD itself. A full-text version will be available for viewing, printing, or downloading at any ETSU computer. This is in accordance with longstanding library policy that graduate research documents are public record and should be made available. You can, however, disallow access by off-campus computers. This would keep anyone who reaches the library via the Internet from seeing your ETD.

You determine the level of access for your ETD when you create your online profile. Currently there are three options:

1. **Unrestricted** – release the entire work for access worldwide.
2. **Restricted** – release the entire work for ETSU access only.
3. **Withheld** – In cases where confidentiality or property rights merit that the text of the manuscript be unavailable in electronic form, the author may petition in writing the Dean of the School of Graduate Studies to withhold the work. If withheld, the work will not be available in electronic form, either from off campus or on, for a period of one year. At the end of the one-year period the author may request an extension for an additional year. At the end of the one-year withheld period, or its extension if requested, the work will become unrestricted (#1 above), unless you request in writing that it be restricted (#2 above).

**UMI.** After your manuscript is approved; your ETD and paperwork will be sent to UMI ProQuest, for microfilming. The microfilm copy of your ETD will be held in ETSU’s archives. UMI will save your ETD and bibliographic information in its archives and will add a citation, including abstract, to its commercial and free databases, which are made available worldwide. UMI sells copies of the theses and dissertations that it archives as part of its business. You must determine separately whether UMI can distribute copies of your ETD. You do this when you fill out your UMI ETD release form.

Release agreement

I have read the above description of the ways my ETD can be made accessible by ETSU in electronic form and I understand it. I understand that when I create my online profile, I can choose to make it either unrestricted or restricted, or that I may petition the Dean of the School of Graduate Studies to have it withheld or to set it up as a mixed access ETD. I understand that the option I choose in the profile is the one that will be used to set my access at the time of my manuscript’s approval, but if that option disagrees with the option I select below, the Graduate School may change the online option to match my selection on this form. I understand that I may change the accessibility of my ETD after my manuscript is approved by sending a written request to the Dean.

I am indicating below my choice of access to my ETD:

*Unrestricted* __________ *Restricted* __________ *I am petitioning the Dean to have it Withheld* __________
EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES
Notice of Intention to Graduate

You should deliver this form to Burgin Dossett Hall, Rm 309, or mail/fax it to the School of Graduate Studies as shown at the bottom of this document. It is your responsibility to ensure this document arrives at the School of Graduate Studies Office by the specified deadline date posted each term. If you do not submit your intention on time, you will not be considered for graduation and must file a new form for the following graduation term.

Enter your name. The name on the diploma will be the name that is on university records.
If your name has changed, please contact the Office of the Registrar to begin the name change process.

Name ____________________________
E# ____________________________ Telephone Number ____________________________

Contact Information
Students are now responsible for maintaining a current email address. You should verify and correct your address and phone number on GoldLink. Please be advised that incorrect information may result in the loss of valuable information/materials, (Diploma, Cap and Gown, etc.) The Graduation Office is not responsible for loss due to a student's failure to update this address.

Invitations
To order invitations for the Commencement Ceremony please contact: BALFOUR 1-877-225-3687.

Check relevant degree below.

GRADUATE DEGREE
☐ Master of Accountancy
☐ Master of Arts
☐ Master of Allied Health
☐ Master of Arts in Liberal Studies
☐ Master of Business Administration
☐ Master of City Management
☐ Master of Education
☐ Master of Fine Arts
☐ Master of Professional Studies
☐ Master of Public Administration
☐ Master of Public Health
☐ Master of Science
☐ Master of Science in Environmental Health
☐ Master of Science in Nursing
☐ Master of Social Work
☐ Specialist in Education
☐ Doctor of Audiology
☐ Doctor of Education
☐ Doctor of Nursing Practice
☐ Doctor of Philosophy
☐ Doctor of Physical Therapy
☐ Doctor of Public Health

Expected Graduation: ☐ Fall ☐ Spring ☐ Summer Year: _______

Graduate Major ____________________________
Concentration ____________________________

I have read the Notice of Intention to Graduate and understand that if I do not satisfy the degree requirements for the above stated semester, I must submit a new form in the next term and every applicable term thereafter.

Signature ____________________________ Date ____________________________

Print Name ____________________________

Details of Cap and Gown

Height
☐ 4' 10 - 5' 00
☐ 5' 01 - 5' 03
☐ 5' 04 - 5' 06
☐ 5' 07 - 5' 09
☐ 5' 10 - 6' 00
☐ 6' 01 - 6' 03
☐ 6' 04 - 6' 06
☐ 6' 07 - 6' 09
☐ 6' 10 - 7' 00

Weight
☐ Under 250
☐ 250 - 275
☐ 276 - 281
☐ 282 - above

Office Use Only
Input / Initials ____________________________
Catalog of Record ____________________________
College ____________________________
Program ____________________________
Concentration ____________________________
Start Date ____________________________
Grad Program Specialist ____________________________

East Tennessee State University, School of Graduate Studies
Burgin Dossett Hall, Room 309, Box 70720
Johnson City, TN 37614-1710
Phone: 423-439-4221 Fax: 423-439-5624 Email: gradsch@etsu.edu
# Program of Study for the Doctoral Degree in Psychology: Clinical PhD

## Name:

Student’s Name (please type or print)

<table>
<thead>
<tr>
<th>Field of Study:</th>
<th>Concentration:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course ID Number</th>
<th>Course Title</th>
<th>Grade</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 6600</td>
<td>Rural Case Oriented Learning &amp; Preceptorship</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC6870</td>
<td>Evidence-based Interventions</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC7000</td>
<td>Doctoral Preliminary Project</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC7010</td>
<td>Clinical Psychology Practicum</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>PSYC7100</td>
<td>Primary Care Psychology I</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC7110</td>
<td>Primary Care Psychology II</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC7500</td>
<td>Cultural Anthropological Application to Rural Practice</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC7910</td>
<td>Clinical Externship</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>PSYC7960</td>
<td>Dissertation</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>PSYC7980</td>
<td>Pre-Doctoral Internship</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

One of the following:

- NRSE 5303 Psychopharmacology
- PSYC 5407 Psychopharmacology
- PHYT 6102 Pathophysiology

<table>
<thead>
<tr>
<th>Course ID XXX</th>
<th>Guided Elective</th>
<th>3</th>
</tr>
</thead>
</table>

Total number of hours required for degree: 51-52

* Non-ETSU transfer credit must be approved before it can be shown on the program of study.

Student’s Signature: ___________________________ Date: ______________

Approved: __________________________________ Date: ______________

Primary Academic Advisor

Approved: __________________________________ Date: ______________

Director of Clinical Training

From Catalog 2009 forward