RESEARCH/THESIS PROPOSAL FEEDBACK FORM
MASTER OF PSYCHOLOGY

THE UNIVERSITY OF MELBOURNE

SECTION 1: STUDENT/RESEARCH DETAILS

Stream: Clinical ☐ Clinical Neuropsychology ☐ **Student No:** ☐☐☐☐☐☐☐☐☐

Course: MPsych ☐ MPsych/PhD ☐

Name: _____

Supervisor(s): _____

Date of Meeting: _____/_____/_____

Thesis Title: _____

_____

Ethics Permission required: ☐ **Human** ☐ **Animal**

Literature Review Included: ☐

Literature Review Submitted: ☐ **Supervisor Signature:** _____

SECTION 2: BUDGET

In which laboratory, clinical, or organisation will the study be conducted? _____

Will the thesis be fully supported by supervisor funds? ☐ Yes ☐ No

If **not**, what financial constraints are likely to arise? _____

_____

_____

SECTION 3: FEEDBACK

Panel Members	Signature(s)	Date
1.		
2.		
3.		
4.		

Feedback to student: _____

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