

The University of Chicago  
THE DEPARTMENT OF PSYCHOLOGY  
Report on Trial Research Project

Student: \_\_\_\_\_ Area \_\_\_\_\_

Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

Recommendations of Faculty Readers  
(Signature signifies approval)

**First Reader Name:**

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Second Reader Name:**

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Third Reader Name:**

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_