

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:

Comments: _____

Signature: _____

Date: _____

Second Reader:

Comments: _____

Signature: _____

Date: _____

Third Reader:

Comments: _____

Signature: _____

Date: _____