

College of Arts, Humanities, and Social Sciences (CAHSS)
Department of Family Therapy

Doctorate in Marriage and Family Therapy

Applied Clinical Project

Faculty Supervisor Approval Form

Date: _____

I, _____, have successfully completed all the necessary requirements in order to select the Faculty Supervisor for my Applied Clinical Project committee. The following faculty member has agreed to serve as my Faculty Supervisor:

Faculty Supervisor: _____

Student's Signature: _____

Approved: _____

Martha Gonzalez Marquez, Ph.D., Chair

Honggang Yang, Ph.D., Dean

cc: Student
Applied Clinical Project Supervisor
Applied Clinical Project Reviewer
Program Coordinator/Student File



**College of Arts, Humanities, and Social Sciences (CAHSS)
Department of Family Therapy**

Doctorate in Marriage and Family Therapy

Applied Clinical Project

Student Name:	
Faculty Advisor:	
Term:	
Trimester Applied Clinical Project Started:	
Term Clinical Portfolio Completed:	
Projected Presentation Date:	

Faculty Supervisor Name: _____

Signature: _____ Date

Student's Signature: _____ Date

cc: Student
Applied Clinical Project Supervisor
Program Coordinator/Student File

College of Arts, Humanities, and Social Sciences (CAHSS)
Department of Family Therapy

Doctorate in Marriage and Family Therapy
Applied Clinical Project

Committee Approval Form

Date: _____

I _____ have successfully completed all the necessary requirements in order to select the Faculty Reviewer for my Applied Clinical Project committee. The title of my proposed Applied Clinical Project is:

My proposed Applied Clinical Project committee is as follows:

Faculty Supervisor: _____

Signature

Faculty Reviewer: _____

Signature

Each of the above faculty members has agreed to serve on my Applied Clinical Project committee.

Student's Signature: _____

Approved: _____

Martha Gonzalez Marquez, Ph.D., Chair

Honggang Yang, Ph.D., Dean

cc: Student
ACP Supervisor
ACP Reviewer
Program Coordinator/Student File