

2026-2027 Academic Year APPLICATION FORM

APPLIED PSYCHOLOGY AND HUMAN DEVELOPMENT DOCTORAL COMPLETION AWARD

Applicant Last Name:	Applicant First Name:	Applicant Student No.:
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TO BE COMPLETED BY THE SUPERVISOR

This applicant is in good standing and making satisfactory progress <input type="checkbox"/> Yes <input type="checkbox"/> No (Please submit a copy of the last Annual Review Form, dated within one year of the award deadline)	Last committee meeting date: _____ (MM/YY)
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PLEASE ANSWER THE FOLLOWING. PLEASE ATTACH A SECOND PAGE IF NECESSARY.

1. What progress has the applicant made since the last Supervisory Committee Meeting? Please comment on the quality, originality, and contribution of the thesis to theory and/or policy and/or practice.

2. How will the receipt of this award enable the applicant to complete their studies in a timely fashion?



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3. Please comment on any reasons provided by the applicant for delays in completion, and additional information as appropriate.

4. Please indicate all confirmed financial support that will be provided to the applicant.

5. To your knowledge is this student devoting at least 50% of his/her time to working on the thesis? y/n

Applicant's Expected Date of Completion (MM/YYYY):

Supervisor:	Signature:	Date:
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