

TITLE

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

CANDIDATE'S NAME

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

September, _____*

COMMITTEE CHAIR:

Committee Member:

Committee Member:

Committee Member:

*This should reflect the year your degree will be conferred.