

THE UNIVERSITY OF TEXAS AT EL PASO
DEPARTMENT OF PSYCHOLOGY
FIRST YEAR RESEARCH PROJECT

CHAIRPERSON, DEPARTMENT OF PSYCHOLOGY
GRADUATE PROGRAM DIRECTOR, DEPARTMENT OF PSYCHOLOGY

THIS IS TO CERTIFY THAT _____, _____ HAS
(STUDENT'S NAME) (UTEP IDENTIFICATION NUMBER)
SUCCESSFULLY COMPLETED THE **FIRST YEAR RESEARCH PROJECT** ON _____.
(DATE)

FIRST YEAR RESEARCH PROJECT TITLE:

SUPERVISOR:

(SIGNATURE) (PRINTED NAME) (DATE)