

**Doctorate in Clinical Psychology**

**D-R3.2**

**Clinical Thesis Supervisor Feasibility Assessment Form**

|  |
| --- |
| **Trainee Exam Number** |
|  |

|  |
| --- |
| **Supervisor’s Name** |
|  |

|  |
| --- |
| **Date** |
|  |

|  |
| --- |
| **Do you consider that the proposed project is feasible and should proceed in broadly its current form?***Delete as appropriate* |
| Yes | Yes, subject to due consideration of issues outlined below | There are concerns, as outlined below | There are significant concerns, as outlined below |

|  |
| --- |
| **Outline the reasons for the above response**Highlight any areas of risk to the completion of the project that have not been fully addressed within the proposal and any steps that could be taken to reduce risks |
|  |

**This form should be submitted to Turnitin dropbox provided in the Research 1 course Learn space. Please see the Research 1 Learn space for the deadline.**