

**Doctorate in Clinical Psychology**

**D-R3.2**

**Clinical Thesis Supervisor Feasibility Assessment Form**

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| **Trainee Exam Number** |
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| **Supervisor’s Name** |
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| **Date** |
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| **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 |

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| **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 |
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**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.**