

Please Note: A student may NOT file this form and graduate in the same semester or summer session.

All Information Must Be Typed

Student's Name: Mindy Parsons

First

MI

Last

Z Number: Z00051833 Date: August 20, 2012

Degree Objective: ☒ Ph.D. ☐ Ed.D. ☐ D.N.P. Major: Counseling

Doctoral Qualifying Examination(s) Passed:

Dissertation Proposal Defense 8/20/12
Written Examination Date

Dissertation Proposal Oral Defense 8/20/12
Oral Examination Date

Proposed Dissertation Title: MEASURING THE EFFICACY OF SANDTRAY AS A THERAPEUTIC
INTERVENTION FOR COMMON SYMPTOMATIC BEHAVIORS ASSOCIATED WITH PATIENTS DIAGNOSED
WITH ALZHEIMER'S AND OTHER FORMS OF DEMENTIA

Mindy Parsons
Candidate (Signature)

Supervisory Committee Signatures

We, the undersigned, certify that the above-named student has passed the written comprehensive examination and completed the language and research tool (if required) for the Doctoral Degree. We recommend the student for admission to Candidacy for the degree.

Paul R. Parsons
Chair (Signature)

Member (Signature)

JSmy
Member (Signature)

Member (Signature)

Member (Signature)

Member (Signature)

We, the undersigned, record our dissenting vote.

Member (Signature)

Member (Signature)

Admission to Candidacy Approved by Department, College, and the Graduate College:

Department Chair (Signature) Date

College Dean or Designee (Signature) Date

Dean of the Graduate College (Signature) Date



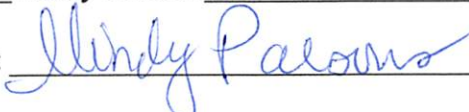
FLORIDA ATLANTIC UNIVERSITY

COLLEGE OF EDUCATION
DEPARTMENT OF COUNSELOR EDUCATION
Phone: (561) 297-3602

777 GLADES ROAD BLDG 47 ROOM 270
BOCA RATON, FL 33431-0991
Fax: (561) 297-2309

Dissertation Proposal Defense

Student's Name: Mindy Parsons

Student's Signature: 

Date Submitted/Presented: August 20, 2012

Title of Dissertation Topic: MEASURING THE EFFICACY OF SANDTRAY AS A THERAPEUTIC INTERVENTION FOR COMMON SYMPTOMATIC BEHAVIORS ASSOCIATED WITH PATIENTS DIAGNOSED WITH ALZHEIMER'S AND OTHER FORMS OF DEMENTIA

We have read the dissertation proposal for the student identified above and find it to be:

☒ Approved

☐ Approved with modifications (see attached recommendations from the Committee).

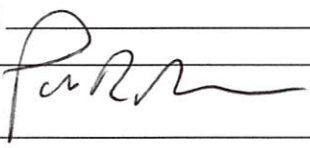
☐ Disapproved (see attached explanation from the Committee)

Signatures:

Dissertation Committee Chair: 
Name: Paul R. Peluso, Ph.D.

Dissertation Committee Member: _____
Name: Linda Webb, Ph.D.

Dissertation Committee Member: 
Name: Jon Sperry, Ph.D.

Dissertation Committee Member: _____
Name: 

Doctoral Program Coordinator: _____

Dr. Irene Johnson, Department Chair: _____

Note: To be completed at the time of the Dissertation Proposal Defense. Completed form must be submitted to the Doctoral Program Coordinator.