

Name: _____

Date: _____

CWID: _____

Program: _____

Title of Clinical Dissertation: _____

COMPOSITION OF ORIGINAL COMMITTEE:

Chair: _____
First Name Last Name

Committee Members: _____
First Name Last Name

First Name Last Name

First Name Last Name

PROPOSED NEW COMMITTEE:

Chair: _____
First Name Last Name Chair Signature Date

Committee Members: _____
First Name Last Name Member Signature Date

First Name Last Name Member Signature Date

First Name Last Name Member Signature Date

Attach a curriculum vitae for individuals who are not full-time faculty members of the Graduate School of Education and Psychology.

Reason for change: _____

SUBMITTED BY:

Student Signature: _____ Date: _____

APPROVED BY:

Psy.D. Program Director Signature: _____ Date: _____