

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
 Research Coordinator: _____ Date: _____