Ph.D. Program in Psychology
The Graduate School and University Center

Request for Approval of Non-CUNY-Doctoral Faculty Dissertation Committee Member

Student Information (please print):

Name: _____ Email: _____

Dissertation Information (please print):

Title: _____
_____

Committee Chair and Campus: _____

Current Committee Members and Campuses: _____
_____
_____

Requested Committee Member(s) and Affiliation(s)*: _____
_____

Rationale for selection of outside reader(s) (please print):

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Approval:

Committee Chair: _____
Print Name **Signature** **Date**

Executive Officer: _____
Print Name **Signature** **Date**

***Please email this form and CV for the Non-CUNY-Doctoral Faculty member(s) to the APO of Academic Support and Student Progress at jkubran@gc.cuny.edu. Original signatures are not required.**