



CRIMINAL JUSTICE DOCTORAL PROGRAM
APPROVAL OF AUXILIARY/OUTSIDE READER REQUEST FORM

Student Name: _____

EMPLID: _____

CJ/POA: _____

Chairperson: _____

Expected Defense Date: _____

Prospectus Title

Auxiliary/Outside Reader

Name: _____

Affiliation: _____

Rationale (please attach CV to form)

Approval

Chairperson: _____

Date: _____

Executive Officer: _____

Date: _____