



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

Student Name: \_\_\_\_\_

EMPLID: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Expected Defense Date: \_\_\_\_\_

**Prospectus Title**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**External Reader**

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

**Rationale** (please attach CV to form)

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**Approval**

Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Officer: \_\_\_\_\_

Date: \_\_\_\_\_