

**Dissertation Topic Proposal and Dissertation Committee Selection Form**

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

Candidate: \_\_\_\_\_ Banner ID \_\_\_\_\_

Training Area: \_\_\_\_\_

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

Working Title: \_\_\_\_\_

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

**Date of Second Doctoral Exam:** \_\_\_\_\_ **Current Total Earned Credits:** \_\_\_\_\_

Please indicate below the names of faculty members you recommend for membership on the Dissertation Committee and submit this form and your proposed research summary as an email attachment to the APO of Academic Support and Student Progress (jkubran@gc.cuny.edu). Original signatures of committee members are NOT required. If a Committee Member is not a CUNY Graduate Faculty member, please provide a *Request for Approval of Non-CUNY-Doctoral Faculty Dissertation Committee Member Form* along with a copy of the individuals CV. *Please print clearly.*

\_\_\_\_\_  
Committee Member (Please Print)

\_\_\_\_\_  
Campus/Affiliation

\_\_\_\_\_  
Committee Member (Please Print)

\_\_\_\_\_  
Campus/Affiliation

\_\_\_\_\_  
Additional Committee Member (If Applicable) (Please Print)

\_\_\_\_\_  
Campus/Affiliation

\_\_\_\_\_  
Additional Committee Member (If Applicable) (Please Print)

\_\_\_\_\_  
Campus/Affiliation

**To the Student:** Please attach a summary of your proposed research, starting with its purpose and a general statement of the method to be employed. This statement should be approximately half a page. A good basic model includes a paragraph on the problem area to be researched and one on the intended type of research design. Note: All information on this form may be changed at a later date.

**To the Chairperson:** I have read \_\_\_\_\_'s topic proposal and have discussed it in detail with the student. In my judgment it (1) meets the minimum standards required for the formulation and design of a research problem; (2) is practically feasible in terms of available space, equipment, and the number and type of subjects available; and (3) does not involve procedures that would violate the code of ethics prescribed by the American Psychological Association.

\_\_\_\_\_  
**Chair's Signature**

\_\_\_\_\_  
**Date**

**Executive Officer:** Please indicate approval or disapproval: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
**Executive Officer's Signature**

\_\_\_\_\_  
**Date**