



**PSYCHOLOGY DOCTORAL PROGRAM @ JOHN JAY COLLEGE**  
**FIRST DOC**  
**DEFENSE APPROVAL FORM**

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

**Candidate:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_

\_\_\_\_\_

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Signatures below indicate that the committee member has read the student's First Doc document and agree that this document is ready for defense. The student may now proceed to schedule a defense date.

**First Doc Mentor:**

\_\_\_\_\_

Print

\_\_\_\_\_

Sign

\_\_\_\_\_

Date

**Committee Members:**

\_\_\_\_\_

Print

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Sign

\_\_\_\_\_

Date

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Print

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Sign

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Date

Please submit this form along with a clean copy of the approved First Doc to the Psychology Office at least 2 weeks prior to the desired defense date.