



PSYCHOLOGY DOCTORAL PROGRAM @ JOHN JAY COLLEGE
SECOND DOC
COMMITTEE SELECTION FORM

Date: _____

Candidate: _____

Training Area: _____

Title: _____

Second Doc Mentor: _____

Print

Sign

Please indicate below the names of faculty members that have agreed to serve on the Second Doc Committee and submit this form to the Director for approval.

Committee Members:

Print

Sign

Date

Print

Sign

Date

Print

Sign

Date

Director: Please sign in the space below if you approve this committee and have ascertained that the faculty members listed have agreed to serve on the Second Doc Committee.

Director Signature: _____

Date: _____