



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

Date: _____

Candidate: _____

Specialization: _____

Title: _____

First Doc Mentor: _____
Print Sign

Please indicate below the names of faculty members that have agreed to serve on the First 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 First Doc Committee.

Director Signature: _____

Date: _____