



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

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

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

**Specialization:** \_\_\_\_\_

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