



Department of Psychology  
Psy.D. Program in Clinical Psychology

**Dissertation Form 1A**  
**Declaration of Dissertation Chair and Committee**

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Student Name:

Date:

Student Email:

Student ID#:

Working Title of  
Dissertation:

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**Committee Chair** - must be a core faculty member of the University of La Verne doctoral psychology program. Eligible faculty are listed online and in the dropdown menu below.

Name of Chair:

Signature: \_\_\_\_\_

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**Committee Members** - second committee member must be a core faculty member of the University of La Verne doctoral psychology program. Attach a vita for any committee member outside of the psychology department.

2nd Committee Member Name:

2nd Committee Member Signature:

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3rd Committee Member Name:

3rd Committee Member Signature:

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Program Chair/DCT Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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**Students: Submit this form to the Psychology Department Manager.**