



Department of Psychology  
Psy.D. Program in Clinical Psychology

**Dissertation Form 1B**  
**Request for Reconstitution of Dissertation Committee**

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Student Name:

Date:

Student Email:

Student ID#:

Working Title of  
Dissertation:

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Current Committee Membership

Proposed Committee Requested

Chair

Chair

2nd Member

2nd Member

3rd Member

3rd Member

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**Rational for change**

Please provide a clear, succinct statement of the changes requested in your committee membership and the reason for these changes. Attach additional pages if necessary.

Student signature: \_\_\_\_\_

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

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