

DISSERTATION COMMITTEE

APPROVAL FORM

Date_____

I_____have successfully completed (Name of Student)
all the necessary requirements in order to formulate my Dissertation Committee. The Dissertation
title is:

My proposed Dissertation Committee is as follows:

_____Chairperson

Each of the above faculty members has agreed to serve on my Dissertation Committee.

Student's Signature

Approved:

Tom D. Kennedy, Ph.D.
Director of Academic Affairs

Sarah Valley Gray, Psy.D.
Chair of Clinical & School Psychology

cc: Student
Dissertation Committee Members
Director of Academic Affairs