

Joint Doctoral Program

**DOCTORAL COMMITTEE RECONSTITUTION FOR QUALIFYING EXAMINATIONS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY IN CLINICAL PSYCHOLOGY.**

| | | | |
|----------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | SDSU Red ID | UCSD PID |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | City | State | Zip |
| <input type="text"/> | | | |
| Telephone [(xxx) xxx-xxxx] | | | |

To: Dean, Graduate Studies and Research, UCSD/Dean, Graduate Division and Research, SDSU

In the opinion of the Department/Group of Psychiatry/Psychology at our respective institutions the student named is ready to proceed to the Qualifying Examinations for the degree of Doctor of Philosophy.

The student's NEW proposed specialty (if applicable):

Enter ONLY the information that needs to be edited/added to your current Doctoral Committee:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Reason for Change (required):

Distribution: Dean, Graduate Studies and Research, UCSD
Department Chair, UCSD
Student

Dean, Graduate Division and Research, SDSU
Department Chair, SDSU

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