

**TEMPLE UNIVERSITY**  
**Department of Psychology**  
*Appointment of Dissertation Examination Committee*

Student \_\_\_\_\_  
(Please Type or Print)

*The following individuals have agreed to serve as the Dissertation Examination Committee for the oral defense of the student named above.*

Name _____ (Committee Chair) (Please Type or Print)	_____ (Signature)
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Name _____ (Committee Member) (Please Type or Print)	_____ (Signature)
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Name _____ (Committee Member) (Please Type or Print)	_____ (Signature)
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Name _____ (Committee Member) (Please Type or Print)	_____ (Signature)
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Name _____ (Committee Member) (Please Type or Print)	_____ (Signature)
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Name _____ (Committee Member) (Please Type or Print)	_____ (Signature)
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*Please print name:*

Approved: _____ Director of Graduate Studies	_____ Date
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\_\_\_\_\_  
Signature

*Please keep a copy for your records and return original for your files to the Graduate Secretary, Room 653*