

**TEMPLE UNIVERSITY**  
**Department of Psychology**  
***Appointment of Doctoral Advisory Committee***

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

The following individuals have agreed to serve as the Doctoral Advisory Committee for 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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*note: additional names can be listed on a separate sheet of paper.*

*Please print name:*

Approved: _____ Director of Graduate Studies	_____ Date
_____ Signature	

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