



Department of Psychology

Date:

To: Director of Graduate Studies

RE: **Recommendation of Specialty Examination Committee**

We recommend the appointment of the following faculty as the Specialty Examination Committee for:

_____ (Student's Name and ID #)

Committee must consist of 2 area faculty members and one outside area faculty member.

Chair _____
(Print name)

(Print name)

(Print name)

_____, _____
Advisor Date

_____, _____
Area Director* Date

_____, _____
Graduate Program Director Date

*Also signifies endorsements by the area's faculty of the student's petition to have a non-departmental faculty member serve on the committee, if included above.

