REQUEST FOR APPOINTMENT OF DISSERTATION DIRECTOR DEPARTMENT OF PSYCHOLOGY

Date:			
Student's name			Student ID
It is requested tha	t I be nominate	d to direct the dissertation o	f the above named student.
I agree to provide begin registering in		the above named student a	nd give him/her permission to
dissertation comm	ittee and filed		be signed by all members of the the student must secure IRB or a.
Requested by:			
Director		Signature	Date
Co-Director		Signature	Date
Request approved	d:		
Director of Graduate Studies		Signature	 Date
For Office Use:	Permission Student no		