



# Ferkauf

Ferkauf Graduate School  
of Psychology

## Request for Approval of Dissertation Reader/Committee Member

**Name of Candidate:**

**Date of Request:**

**Academic Program:**

**Proposed Date of Orals:**

**Advisor:**

**Title of Dissertation:**

**Committee Members** (Please give affiliation for anyone not on Ferkauf or Einstein faculty)

**Proposed Reader/Committee Member:**

**Rationale for Proposed Reader/Committee Member:** (Please attach CV and provide rationale for the Reader/Committee Member's relevance to your dissertation research).

---

**Approval**

---

Program Director  
Signature

---

Associate Dean Signature  
Randall Richardson-Vejlgaard  
Ferkauf Graduate School of Psychology