

**FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY**

**YESHIVA UNIVERSITY**

**CLINICAL PSY.D. PROGRAM**

**Request for Approval of Dissertation Reader**

Date: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisor: \_\_\_\_\_

Committee members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed date of orals: \_\_\_\_\_

1. Please give affiliation for any individual not on FGS or AECOM faculty.
2. Please give credentials (i.e., CV) for one of the readers, if not an FGS or AECOM faculty member. Please have your advisor communicate with me if an outside reader is to be used.

Approved:

\_\_\_\_\_  
Lata McGinn, Ph.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lawrence Siegel, Ph.D.