

Joint Doctoral Program

**NOMINATION OF THE DOCTORAL COMMITTEE FOR QUALIFYING EXAMINATIONS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY IN CLINICAL PSYCHOLOGY.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	SDSU Red ID	UCSD PID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip
<input type="text"/>			
Telephone [(xxx) xxx-xxxx]			

To: Dean, Graduate Studies and Research, UCSD/Dean, Graduate Division and Research, SDSU

In the opinion of the Department/Group of Psychiatry/Psychology at our respective institutions the student named is ready to proceed to the Qualifying Examinations for the degree of Doctor of Philosophy.

The student's proposed specialty is:

The proposed Exam/Defense Date (if known) is: (MM/DD/YYYY)

Note: Faculty members within the same department as the student may have a different specialty from the student's. Academic specialty can be defined as a faculty's area of specialization, field or expertise. For example, a faculty member in the Department of Anthropology that focuses on archaeology would have a different academic specialty than an Anthropology Ph.D. student whose academic specialty is biological anthropology.

When completing the committee form, please consider both graduate program affiliation and academic specialty for each faculty member. As a reminder, Graduate Council requires the form must include each faculty member's graduate program affiliation and academic specialty. Possible resources to assist you in identifying a faculty member's research specialization are the faculty member's CV or on his/her department's website.

The following persons, who have agreed to serve, are nominated as the Joint Doctoral Committee for the Qualifying Examinations:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Graduate Studies and Research
University of California, San Diego
La Jolla, California 92093

Graduate Division and Research
San Diego State University
San Diego, California 92182

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Name:

Academic Title:

Email:

Department:

Institution:

Academic Specialty:

Member/Chair/Co-Chair:

Distribution: Dean, Graduate Studies and Research, UCSD
Department Chair, UCSD
Student

Dean, Graduate Division and Research, SDSU
Department Chair, SDSU

For Administrative Use Only

JDP Form Filed Online by: _____

Date Filed: ___/___/_____