PhD Program in Psychology
John Jay College of Criminal Justice
The City University of New York

Change of Mentor

Student Name: _____

Track (circle one): Clinical Psychology & Law

Mentor/Advisor: _____

Research Project: _____

Capacity/Description: _____

_____

_____

Funding: _____

--For office use only--

Director: Please sign in the space below if you approve this change in mentor/advisor and have ascertained that the faculty member listed has agreed to serve
(**return back to program admin.**).

_____ _____
Director Signature Date

Comments: _____

_____

_____