First Year Project Review Committee Form

		institutioject	review commi	titee I of III	
Student			Student ID		
The Program in			ORCID		
Provisional Sub	omission D	ate:			
Identified Journ	nal:				
Please Select O	ne: Empiri	cal Article Comp	orehensive Review		
	_	e following faculty member the proposed project title:	s to serve as the poss	sible First Year Proj	ect Review Committee for the
provide the nan proposal outline review committe the mentor and members may be the student and appropriate exp	nes of 6 por e to the Pro tee (3 mem 1 of whom be from the mentor. An ertise in of	gram Director, or their desi bers). The Program Directo must be an additional core	embers, a provisional gnee. The Program I or will form the reviet faculty member of the bers of the review conview committee ments when necessary. The	I submission date, the Director, or their design committee with 3 me Clinical Psychologommittee may include the Director of th	he identified journal, and the signee, will then select the final members, of whom 1 must be ogy PhD program. All three he individuals not suggested by ed from faculty with is not expected to provide
Graduate Faculty (Y/N)	Role	Name, Degree Graduate Program	OHSU Administrative Unit (School and Dept.)	Preferred E-mail Address	Signature
	Mentor		·		
	Member				
Progra	m Director	or Acting Director			

Program Director Signature

Date