



**WILLIAM JAMES
COLLEGE**

Colloquium Reservation Form

Student Name: _____ Student ID Number: _____

Contact Phone Number: _____

Student Email Address: _____

Please list in order of preference three dates and times that work for you and your Committee. We will do our best to accommodate your request.

First Choice: Date: ____/____/____ Time(s): _____

Second Choice: Date: ____/____/____ Time(s): _____

Third Choice: Date: ____/____/____ Time(s): _____

During the academic year, FRIDAY colloquia must end at 5 PM. Monday-Thursday colloquia MUST end at 8:45 PM. Summer hours vary, especially on weekends, please check with the Clinical Department.

Approximately how many people will be attending your Colloquium? _____

Will food be served? _____

Doctoral Project Title: _____

Discussant Name/Degree: _____

Discussant Email Address: _____

Date Final DP submitted to Library: _____

Submit form to Eileen O'Donnell, Enrollment and Program Manager of the Clinical Psy.D. Program

Revised August 2016

OFFICE USE ONLY: EMS _____ PUBLISHED _____