**Adjunct Dissertation Chair Statement of Understanding**

In agreeing to be the Chair for the Dissertation Committee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert Student Name) I understand:

1. I am responsible for the following:
2. Ensure the student’s dissertation proposal, dissertation and corresponding oral defenses meet the expectations and standards established in the most current version of the Regent University Dissertation Handbook for the Doctoral Program in Clinical Psychology (see handbook link at <https://www.regent.edu/acad/schcou/students/psyd_resources.cfm>)
3. I am expected to complete reviews of drafts and return within two weeks of receipt. If on occasion, extenuating circumstances prevent the meeting this 2-week requirement, I will accomplish the review as close as feasible to the 2-week goal and will communicate early with student, informing him/her of the expected completion date.
4. At least one committee member (reader) must be a core faculty member.
5. It is common for proposal and dissertations to require multiple drafts (typical 3 to 7) with the chair following by drafts reviewed by the committee member (typically 1-3) with a final approval by the chair.
6. I am making a several year commitment and I have an ethical obligation to maintain my role as chair until the student completes the dissertation, withdraws from the program or dismissed. If circumstances prevent my continuation in the role, I understand I have responsibility, with the assistance of the student and program director, to identify a suitable replacement.
7. I must keep the student, committee member and program informed of any changes in my contact information.
8. I will be compensated for my work at a rate of $500 post proposal (paid in conjunction with PSY 701) and $500 at the point of successful dissertation defense, for a total of $1,000 per student. I also understand that if there are any remaining tasks to be completed after payment is received (e.g., signatures of forms), I am still responsibility to complete the associated tasks.

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Dissertation Chair Name Phone Number E-mail address

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Dissertation Chair Signature Date