

FORMATION OF THE DISSERTATION COMMITTEE MEMBERS

DISSERTATION FORM 1 – Ed.D.

PLEASE RETURN THIS FORM TO THE EdD PROGRAM OFFICE

Name: _____ Date: _____
Last First

ULV Email: _____ Phone: (C) _____

Student I.D. : _____ (H) _____

(B) _____

Address: _____
Street

City State Zip

I request approval of the following dissertation committee:

Dissertation Chair (Must be from approved list. Exceptions must have prior approval of the Program Chair and/or Dean) :

(Print Name)

(Signature)

Committee Members* :

(Print Name)

(Signature)

(Print Name)

(Signature)

* Please attach a resume, which indicates their educational background, for any members that have not previously served on a University of La Verne Dissertation Committee. Include a statement about the new committee member's expertise and anticipated contributions of mentoring, experience, and/or methodology to the student's dissertation committee.

NOTE TO CANDIDATE: The Above committee is a recommendation to Graduate Academic Services. The Dean reserves the right to realign assignments based upon load and availability of individual members. **Students must be in good academic standing and current in registration and fees.**

For Office Use Only

Received by Organizational Leadership Doctoral Program Office _____

- Recorded and Accepted
 New Committee Members approved

(Date)

Received by Graduate Academic Services _____

- Recorded and Accepted

(Date)