

DISSERTATION FORM 1 – DPA PROGRAM  
DISSERTATION COMMITTEE

Please return this form directly to the DPA Academic Advisor

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I request approval of the following dissertation committee:

**Committee Chair** (Must be from approved list. Exceptions must have prior approval of the Dean):

\_\_\_\_\_  
Name Signature

**Committee Members**

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

NOTE TO CANDIDATE – The above committee is a recommendation to Graduate Academic Services. The Dean reserves the right to assign or realign committee members based upon load and availability of individual members. Student must be in good academic standing and be current in registration.

**APPROVAL OF DISSERTATION COMMITTEE**

The faculty mentioned above have been approved to serve as members of your dissertation committee:

Signed:

\_\_\_\_\_  
Program Director Dean or Department Chair