## **DPA Dissertation Form 1**

## University of La Verne

## DISSERTATION FORM 1 – DPA PROGRAM DISSERTATION COMMITTEE

Name:	Date:
Email:	Phone:
Request for approval of the following dis-	sertation committee:
Committee Chair (Must be from approved lied Director and the Associate Dean of Public Admin	st. Exceptions must have prior approval of the DPA Program istration):
Name	Signature
Committee Members	
Name	Signature
Name	Signature
DPA Program Director, in consultation with	e is a recommendation to Graduate Academic Services. The the Associate Dean of Public Administration, reserves the s based upon load and availability of individual members. d be current in registration.
APPROVAL OF	DISSERTATION COMMITTEE
The faculty listed above have been approx	ved to serve on the dissertation committee:
Signed:	
DPA Program Director	Associate Dean of Public Administration