

Please return this form directly to Graduate Academic Services

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last

First

Student I.D. \_\_\_\_\_ Phone: \_\_\_\_\_

ULV Email: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

I request approval of the following dissertation committee:

**Committee Chair** (Must be faculty who meet the two criteria. Exceptions must have prior approval of the program director 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. Please 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 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:

\_\_\_\_\_  
Program Director Signature Dean Signature