

DISSERTATION COMMITTEE – DBA PROGRAM CHAIR REQUEST FORM

Name:	Date:			
Last	First			
Student I.D				
ULV Email:		Phone:		
Addross				
Address:Street		City	State	Zip
Please return this form directly to DBA second year. The form will be reviewed your request based on the following factorizers, and faculty acceptance of the first and second choice) and provide a reasons for your interest in working wis submissions that do not specify reason review. Selection 1: Choice Description:	ed by the Program actors: faculty avail e request. You must rationale for each ith each faculty meaning for your select	Director, ability, apost identify selection. ember as common will be	who will approve propriateness of f two faculty meml You must specify hairperson. Incom	or deny it, time bers (as the nplete
Selection 2:				
Choice Description:				