DISSERTATION FORM 1B – DBA PROGRAM

RECONSTITUTION of DISSERTATION COMMITTEE

Name: _____ Date: _____
Last First

Student I.D._____ Phone: _____

ULV Email:_____

Address: _____
Street City State Zip

Current Dissertation Committee

	Print Name
Chair	
Committee Member 1	
Committee Member 2	

New Dissertation Committee

	Print Name
Chair	
Committee Member 1	
Committee Member 2	

Note: Vita required for the new committee members that have not previously served on a University of La Verne Dissertation Committee.

Reason for Change

Approved:

_____

Program Director Signature (Date)

Workflow:

- Program director approves and submits to Academic Advisor
- Academic advisor submits to Graduate Academic Services