

EdD Educational Leadership  
**DISSERTATION IN PRACTICE**

Form 1

Please complete all fields and return to the Academic Program Manager

University of  
La Verne

LaFetra College  
of Education

Name (First & Last)

Date

UVL E-Mail

Phone Number

Student ID Number

Address

Street

City

State

Zip Code

I request approval of the following dissertation committee:

Dissertation Chair (Must be from approved list. Exceptions must have prior approval of the Program Chair and/or Dean):

Print Name

Signature

Committee Member 1:

Print Name

Signature

Committee Member 2:

Print Name

Signature

NOTE TO CANDIDATE: The above committee is a recommendation to Graduate Academic Services. The Dean reserves the right to realign assignments based upon load and availability of individual members.

**Students must be in good academic standing and current in registration and fees.**

For Office Use Only

Received by Educational Leadership Doctoral Program Office



Recorded & Accepted

Date

Received by Graduate Academic Services



Recorded & Accepted

Date

