

EdD Educational Leadership

DISSERTATION IN PRACTICE

Form 1

University of
La Verne

LaFetra College
of Education

Please complete all fields and return to the Academic Program Manager

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

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Recorded & Accepted

Date

