

EdD Educational Leadership

# DISSERTATION IN PRACTICE

Form 2

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

Proposed Dissertation Title

The undersigned has reviewed and approved the Dissertation proposal. (Note: The Dissertation Chair provides modification expectations and date due in writing to the student).

- ☐ No modifications. Student may continue progress.
- ☐ Modification(s) to be completed, resubmitted & approved by \_\_\_\_\_ before student can continue.  
Date

Dissertation Chair:

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

