

EdD Educational Leadership

# DISSERTATION IN PRACTICE

## Form 3

Please complete all fields and return to the Academic Program Manager

University of  
La Verne

LaFetra College  
of Education

Name (First & Last)

Date of Meeting

UVL E-Mail

Phone Number

Student ID Number

Dissertation Title

The undersigned agrees that the student has provided us a final draft of the dissertation & oral defense announcement in preparation for their meeting at the date, time & location specified below.

Date:

Time:

Location:

Dissertation Chair:

Print Name

Committee Member 1:

Signature

Committee Member 2:

Print Name

Print Name

Signature

Print Name

Print Name

**As the student investigator, researcher, and author of this dissertation I attest everything is my original work and I wrote the dissertation without the use of any electronic chatbot program.**

Print Name

Signature

Graduate Academic Services & the EdD Program Office have received, & approved your request to schedule the oral defense of your dissertation. All appropriate requirements, to date, have been fulfilled.

For Office Use Only

**Program Director (or designee) Signature:**

Signature

**Received by Educational Leadership Doctoral Program Office**



Recorded & Accepted



Notice sent to campus & doctoral program community

Date

**Received by Graduate Academic Services**



Recorded & Accepted

Date

