

EdD Educational Leadership

DISSERTATION IN PRACTICE

Form 3

University of
La Verne

LaFetra College
of Education

Please complete all fields and return to the Academic Program Manager

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:

Print Name

Committee Member 2:

Print Name

Signature

Signature

Signature

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

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Recorded & Accepted

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Notice sent to campus & doctoral program community

Received by Graduate Academic Services

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Recorded & Accepted

Date

Date

