

DPA Dissertation Form 1

University of
La Verne

DISSERTATION FORM 1 – DPA PROGRAM
DISSERTATION COMMITTEE

Name: _____ Date: _____

Email: _____ Phone: _____

Request for approval of the following dissertation committee:

Committee Chair (Must be from approved list. Exceptions must have prior approval of the Associate Dean):

_____ Name	_____ Signature
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Committee Members:

_____ Name	_____ Signature
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_____ Name	_____ Signature
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NOTE TO CANDIDATE – The above committee is a recommendation to Graduate Academic Services. The Associate Dean of Public Administration reserves the right to assign or realign committee members based upon load and availability of individual members. Student must be in good academic standing and be current in registration.

APPROVAL OF DISSERTATION COMMITTEE

The faculty listed above have been approved to serve on the dissertation committee.

Signed: _____ Date: _____
Associate Dean of Public Administration