



6100 Center Dr. Los Angeles, CA 90045 310-568-5600

Name			Date		
CWID	Program				
Working Titl	le				
Please indic	ate one of the follo	wing:			
E:	stablishing Dissert	tation Committee Mer	<b>Changing Dissertation Committee Members</b>		
Committee Members	First Name	Last Name	Credential	Member Signature	Date
	riistivame	Last Name	Credential	Member Signature	Date
	First Name	Last Name	Credential	Member Signature	Date
	First Name	Last Name	Credential	Member Signature	Date
NOTE TO CH	IAIR: <b>For non-Pepper</b> send their CV to	dine committee members gsepeddissertations@pepp	s, (1) provide a brief perdine.edu	rationale for committee inclusion	n below, and (2)
Chair					
C.I.u.i	First Name	Last Nam	e	Chair Signature	Date
	For non-Pe	operdine committee memb	ers only:		
		n Advisory and Support Cor		Signature	Date
NOTE TO STU reason for com	<b>DENT:</b> If you are changi mittee change.	ng your committee member	s and have completed	l your preliminary oral, indicate date	e of completion and
	Student Signa	ature		Date	_