Print Form

PEPPERDINE UNIVERSITY
Graduate School of Education and Psychology

FORM P1
ED.D. Proposed Study Description

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

Name: _____ Date: _____

CWID: _____

Program: _____

Title of Proposal: _____

Description of Study: (50 words maximum and singled spaced)

SUBMITTED BY:

_____ _____
Student Signature Date

APPROVED BY:

_____ _____
Chairperson Signature Date