

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CWID: \_\_\_\_\_

Program: \_\_\_\_\_

**Title of Dissertation:** \_\_\_\_\_

**350-word abstract has been approved by Chair**

**Location of Oral Exam:**

WLA     
  IRVINE     
  OTHER (must be approved) \_\_\_\_\_

Date and Time:    Date: \_\_\_\_\_    Time: \_\_\_\_\_

Chair:

First Name	Last Name	Chair Signature	Date
------------	-----------	-----------------	------

Committee  
Members:

First Name	Last Name	Member Signature	Date
------------	-----------	------------------	------

First Name	Last Name	Member Signature	Date
------------	-----------	------------------	------

First Name	Last Name	Member Signature	Date
------------	-----------	------------------	------

**Note:** In addition to this form, student is responsible for submitting an electronic copy of the dissertation, a professional photo and the F2 form must be submitted to [gsepeddissertations@pepperdine.edu](mailto:gsepeddissertations@pepperdine.edu) in order for the final oral exam to be scheduled.