

Name: _____

Date: _____

CWID: _____

Program: _____

Title of Proposal:

Description of Study:

Location of Oral Exam:

WLA

IRVINE

OTHER (must be approved)

Date and Time:

Date: _____

Time: _____

Chair:

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| | | | |
| First Name | Last Name | Chair Signature | Date |

Committee
Members:

| | | | |
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| First Name | Last Name | Member Signature | Date |

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| First Name | Last Name | Member Signature | Date |

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| First Name | Last Name | Member Signature | Date |

Note: In addition to this form, student is responsible for submitting an electronic copy of the dissertation proposal to gsepeddissertations@pepperdine.edu and to each of their committee members in order for their preliminary oral presentation to be scheduled.

Student Signature

Date