

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:

|            |           |                 |      |
|------------|-----------|-----------------|------|
|            |           |                 |      |
| 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 proposal to [gsepeddissertations@pepperdine.edu](mailto:gsepeddissertations@pepperdine.edu) and to each of their committee members in order for their preliminary oral presentation to be scheduled.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date