PEPPERDINE GRADUATE SCHOOL OF EDUCATION & PSYCHOLOGY

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FORM A2

Dissertation Committee

Name **Date**

CWID **Program**

Working Title

Please indicate one of the following:

☐ **Establishing Dissertation Committee Members** ☐ **Changing Dissertation Committee Members**

Committee Members

First Name	Last Name	Credential	Member Signature	Date

NOTE TO CHAIR: For ***non-Pepperdine committee members***, provide rationale for committee inclusion below. Approval from the Dissertation Advisory and Support Committee (kay.davis@pepperdine.edu) is required. A resume or CV for the non-Pepperdine committee member must be provided.

Chair

First Name	Last Name	Chair Signature	Date

For non-Pepperdine committee members only:
Dissertation Advisory and Support Committee Approval

Signature Date

NOTE TO STUDENT: If you are changing your committee members and have completed your preliminary oral, indicate date of completion and reason for committee change.

Student Signature **Date**