



APPENDIXB-1
Petition for Constitution of Clinical
Dissertation Committee

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

Name: _____

Date: _____

CWID: _____

Program: _____

I am petitioning for approval the following individuals as members of my dissertation:

Table with 5 columns: Role (Chair/Committee Members), First Name, Last Name, Signature, Academic Degree. Includes rows for Chair and three Committee Members.

I am attaching the curriculum vitae for outside committee members if she/he is not already affiliated with Pepperdine University (i.e. adjunct faculty member, someone who has previously served on a dissertation committee, etc.).

My tentative working title is:

The dissertation method is the following (please check one):

- Systematic Review, Quantitative, Mixed Methods, Intervention/Resource Development, Qualitative, Conceptual/Theoretical

SUBMITTED BY:

APPROVED BY:

Student Signature Date

Psy.D. Program Research Coordinator Signature Date