La Sierra University  
School of Education  
Student Request for Dissertation Committee

(Please print clearly)

Name ____________________________________________________________

Address _______________________________________________________

_________________________________________________________________

Phone ( ) ______________________________________________________

Department: EDAD______ EDCI______ EDPC_______

Dissertation _______ Capstone_______

Proposed dissertation topic:

_________________________________________________________________

_________________________________________________________________

I am requesting the following persons to be members of my Dissertation Committee:

✓ (For requested member who is not a La Sierra University, School of Education full time faculty member, you must include mailing address)

Chair: _______________________________________________________

Member: _______________________________________________________

Member: _______________________________________________________

Student’s Signature ____________________________________________ Date _________

Department Chair’s Signature_______________________________ Date __________

Dean’s Signature____________________________________________ Date __________

After the Department Chair’s signature, turn this form to the School of Education Dean’s office for final approval: 4500 Riverwalk Parkway, Riverside, CA 92515 Fax: (951) 785-2230. You will receive a letter of confirmation from the Dean’s Office