



Doctoral Committee/Candidacy Status Form

Please Check as Appropriate:

- Initial Committee Formation Revision to Committee
 Notification of Passing Candidacy Exam Existing Committee (Date of Formation: _____)

Submit this form (in PDF) as attachment to gradcommittee@mail.ucf.edu

This form must be submitted once the student has passed the candidacy exam and before enrolling in dissertation hours.

The Committee must contain the following:

- Chair (Full Graduate Faculty member)
- Minimum of four committee members (All must hold a Graduate Faculty or Graduate Faculty Scholar appointment)
 - At least three must be Graduate Faculty
 - At least one must be from outside the department (or college, if a college-wide program)
 - Majority must be Full or Associate Graduate Faculty Members
 - This form must be resubmitted for review and approval any time changes are made to the committee members.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Personal ID (PID): _____ Knights E-mail Address: _____

Degree Program/Track: _____

Date Candidacy Exam Passed (MM-DD-YYYY): _____

The following individuals agree to serve on this dissertation committee (Please indicate if a member is also a co-chair):

	Committee	Co-Chair?	Typed Name	Initials	Department/School	Graduate Faculty Standing			
						Full	Associate	GF Scholar	
Required	Chair					<input type="checkbox"/>			
	Chair Email: _____								
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Optional	Outside Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

By checking this box, I acknowledge that this student's program of study is accurately updated on the degree audit. (A copy of the degree audit must be attached to this form.)

My signing this form acknowledges that the above members of the committee have been informed that they should not have any personal or business (including non-UCF employment) arrangements with the student that may pose a conflict of interest.

Program, Chair or Director Signature: _____ Date: _____

Print Name: _____ Email: _____

Approved by College of Graduate Studies: _____ Date: _____