

Nomination of Doctoral Committee

Student Name (last, first, middle) _____

University ID # _____ E-mail _____

This student has completed the preliminary requirements and is ready to proceed to the qualifying examinations for the _____ degree in _____

Students must complete all language requirements prior to advancing to candidacy.

The department nominates the following persons to serve as the Doctoral Committee:

Name (last, first)	Chair	Co-Chair	Department	Academic Rank
	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>		

All committee members must read, approve, and certify the dissertation.

Email address(es) of any Committee members and/or additional member(s) who do not hold a UCLA Academic Senate faculty appointment.*

Member Name _____ Member E-mail _____

Member Name _____ Member E-mail _____

* Please attach a CV and fill out the explanation box below for any of the following:

1. Non-UCLA Faculty
2. Subject Matter Experts (e.g., UCLA administrators, clinical and/or adjunct faculty members not approved by CDP, or other field experts outside of UCLA)

Explanation: (required)

Signature of Department Chair or Authorized Faculty Departmental Graduate Adviser

Name _____ Signature _____ Date _____