



Doctoral Committee/Candidacy Status Form

Please Check as Appropriate:

- Initial Committee Formation Revision to Committee
 Notification of Passing Candidacy Exam

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

STUDENT INFORMATION

Last Name: _____ **First Name:** _____

Personal ID (PID): _____ **Email:** _____ @knights.ucf.edu

Degree Program/Track: _____

Date Candidacy Exam Passed: _____

- 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.)
- By checking this box, I acknowledge that I have verified that the faculty members listed below do not have any personal or financial (including employment) arrangements with the student that may pose a conflict of interest.

Program, Chair or Director Signature: _____ **Date:** _____

Print Name: _____ **Email:** _____

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

Committee	Co-Chair?	Printed Name	Emplid (PID)	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"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Optional	Outside Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	Member	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Approved by College of Graduate Studies: _____ **Date:** _____

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