

# COMMITTEE NOMINATION FOR JOINT DOCTORATE DEGREE

The Joint Doctoral Program in \_\_\_\_\_ verifies that

**Student Name:** \_\_\_\_\_ (Last, First, Middle) **UCSB Perm #** \_\_\_\_\_  
has completed all requirements to proceed to the qualifying examinations for the Doctor of Philosophy.

- The department does not require a foreign language examination.
- The department has a foreign language examination which the student has fulfilled.

Language(s):	Date Exam Passed:
_____	_____
_____	_____

The proposed field of study is: \_\_\_\_\_

The tentative title of the dissertation is:  
\_\_\_\_\_

**REGULATIONS REGARDING JOINT DOCTORAL COMMITTEES:**  
A minimum of 2 UC tenure-track faculty in the student's major from UCSB  
and 2 tenure-track faculty in the student's major from the partner institution.

The following tenure-track faculty are nominated for the joint doctoral committee of this student, the first to be Chair (**please print**):

1. \_\_\_\_\_ / \_\_\_\_\_  
Name Institutional affiliation
2. \_\_\_\_\_ / \_\_\_\_\_  
Name Institutional affiliation
3. \_\_\_\_\_ / \_\_\_\_\_  
Name Institutional affiliation
4. \_\_\_\_\_ / \_\_\_\_\_  
Name Institutional affiliation
5. \_\_\_\_\_ / \_\_\_\_\_  
Name Institutional affiliation

Signed: \_\_\_\_\_  
Joint Doctoral Program Director/Institutional affiliation Date

Signed: \_\_\_\_\_  
Joint Doctoral Program Director/UCSB Date

Signed: \_\_\_\_\_  
UCSB Department Chair Date

Signed: \_\_\_\_\_  
Dean of the Graduate Division/Institutional affiliation Date

Signed: \_\_\_\_\_  
Dean of the Graduate Division/UCSB Date

## UCSB GRADUATE STUDENT CONFLICT OF INTEREST FORM

This form must be completed, signed and submitted with the Masters Form I or the Doctoral Degree Form I, as applicable. The complete COI policy and implementation procedures are described on the Graduate Division website (<http://www.graddiv.ucsb.edu>). The Policy on Conflict of Interest and Graduate Education [http://www.graddiv.ucsb.edu/academic/handbook/handbook.pdf#append\\_coi](http://www.graddiv.ucsb.edu/academic/handbook/handbook.pdf#append_coi) should be reviewed for guidance before filling out this form. If a conflict of interest related to this policy is identified, the procedures outlined in the Policy on Conflict of Interest and Graduate Education must be followed.

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**If you have any questions, please call the Graduate Division**

**Academic Services unit: 805-893-4654**

The UCSB Policy on Conflict of Interest and Graduate Education deals with any conflict of interest as defined in Section 028 of the Academic Personnel Manual (APM), adopted April 26, 1984 (<http://www.ucop.edu/acadadv/acadpers/apm/welcome.html>). The policy is mandated by Section 025 of the Academic Personnel Manual. This policy affirms joint student and faculty responsibilities as members of the University of California in relationship to potential conflicts of interest and provides mechanisms to ensure that outside activities are consistent with University policy.

### **Disclosures**

The following agreements or arrangements should be disclosed to the Dean of the Graduate Division as soon as the student becomes aware of the facts giving rise to the disclosure obligation:

i) Agreements or arrangements between a student and a private entity involving research **or other professional activities as required by the graduate degree program** by the student, where the University or a mentor/research/thesis/dissertation advisor is a party to the agreement or arrangement, and the student's mentor/research/thesis/dissertation advisor has a financial interest in the private entity:

*And one or more of the following is true:*

- a) The research **or other professional activities as required by the graduate degree program** are related to the student's thesis/dissertation, or
- b) There are restrictions on the student's ability to publish, present, or otherwise disclose the findings from their research activities.

## UCSB GRADUATE STUDENT CONFLICT OF INTEREST FORM

Student Name \_\_\_\_\_ Perm \_\_\_\_\_  
Last First Middle

Department \_\_\_\_\_

Degree Objective:  MA  MS  MED  MESM  MM  MFA  PHD  DMA  EDD

### Questionnaire

(1) Does a faculty member have a financial interest (including employment or a consulting arrangement) in a private entity with which the graduate student is involved? (see definitions on next page)  Yes  No

(2) If yes, the student's academic interests may be at risk; e.g., *the student's ability to publish, present, or otherwise disclose the findings from their research or make progress with requirements of their program may be hindered due to the private entity's sponsorship of the project or other requirements imposed by the sponsor.*

(3) The UCSB Graduate Student Conflict of Interest Policy requires that this conflict be disclosed and that a management plan be agreed upon.

*Please respond to the following:*

(1) *State the name of the faculty member with a financial interest and describe the nature of the potential conflict.*  
(attach this description on a separate page)

(2) *How does the Department propose to manage the conflict?* (check at least 1)

- Recommendation that the Graduate Dean work with the Department to find a substitute on the student's dissertation or thesis committee for the faculty member with a conflict (specify name \_\_\_\_\_);
- Limitation of the length or scope of student's work with the private entity;
- Require that all student work to be conducted on-campus;
- Appointment of an additional member to serve on the dissertation or thesis committee as an "Oversight Member." This member is chosen by the Department Chair (or the Graduate Advisor if the Chair is the conflicted faculty member) in consultation with the graduate student and their dissertation advisor. The Oversight Member shall be from a different academic specialty (specify name \_\_\_\_\_);
- Any **other** condition that the Subcommittee feels appropriate and reasonable to manage the conflict may also be implemented (specify \_\_\_\_\_).

By signing this form, we certify that we have read the policy and have provided a complete disclosure of any financial conflict of interest that may be harmful to the academic interests of the graduate student.

\_\_\_\_\_  
Type or print name Signed: Student Date

\_\_\_\_\_  
Type or print name Signed: Chair, Thesis/Dissertation Committee Date

\_\_\_\_\_  
Type or print name Signed: Chair, Major Department Date

Received by Graduate Division

\_\_\_\_\_  
Initials Date

Reviewed and Approved (if conflict disclosed):

\_\_\_\_\_  
Dean, Graduate Division Date