



Exceptions to the Criteria for Serving on Theses and Dissertation Committees

Faculty Member Name _____ UNCC ID: _____

Faculty Member Title _____ Academic Semester and Year _____

College: _____ Department: _____

Committee for: (Student's name, 800#, Program)

Student's Topic:

Academic Credentials: List highest degree, discipline, institution awarding degree, graduate semester hours in teaching field

Thesis Committee Member or Doctoral Committee Member checkboxes

Relevant Experience and Relationship of Committee member to Student's Research: Competencies include related work experiences in the field, licensure and certifications, honors and awards, teaching, research, etc.

Large empty box for relevant experience and relationship details.

If additional space is needed please attach separate pages.

Attach original supporting documentation verifying teaching qualifications that are summarized above.

Department Chair: Signature, (Print Name), Date

College Dean: Signature, (Print Name), Date

Approval by the Graduate School Dean: Signature, Date