COMMITTEE NOMINATION FOR MASTER'S THESIS OR DOCTORAL DEGREE

NOTE: All students must also complete the Conflict of Interest form
A copy of the processed form will be sent via email to the student and department

GRADUATE COUNCIL REGULATIONS: **COMMITTEES** must consist of at least three UC **Academic Senate members**, with a **tenure-track** faculty member from the student's major (home) department serving as chair or co-chair. At least two members of every master's thesis or doctoral committee must be tenure-track faculty. The majority of the three members shall be from the student's UCSB major (home) department. Recommendation of the appointment of additional members is at the discretion of the department.

Name: _____ Perm: _____ UMail: _____

Degree: _____ Major: _____ Committee Type: Master's Thesis Doctoral Both

Student's Signature: _____ ***Date:*** _____

COMPLETE ALL REQUESTED INFORMATION, noting the following:

- ***if UC emerita/us***, include month and year of retirement or ***if Research Professor***, *include payroll title code and contract dates*
- identify member type if serving in different roles on doctoral committee (e.g., Chair, Exam or Chair, Diss)
- identify if serving on only one doctoral committee (e.g., Member, Diss only)

We have been nominated and agree to serve on the above student's committee(s).

Chair, Co-Chair, Member	Member Name (*type or print*)	Title, Department and/or Institution	Member Signature

GRADUATE PROGRAM APPROVAL

The Department of _____ recommends this committee nomination and

☐ Confirms the committee meets Graduate Council regulations *or*
☐ Has attached a memo requesting exception to Graduate Council regulations

Department Chair: _____ _____ _____
Type or Print Name *Signature* *Date*

GRADUATE DIVISION APPROVAL

Dean or Chair of Graduate Council**:** _____ _____
Signature *Date*

UCSB GRADUATE STUDENT CONFLICT OF INTEREST FORM

The Conflict of Interest (COI) form must be completed, signed and submitted with the Masters Form I, Doctoral Degree Form I, or at any time the agreements or arrangements set forth below arise. The Policy on Conflict of Interest and Graduate Education, at http://www.graddiv.ucsb.edu/academic/conflict-of-interest, 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.

If you have any questions, please call the
Graduate Division Academic Services unit: 805-893-2277

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. The policy is mandated by Section 025 of the Academic Personnel Manual (http://www.ucop.edu/academic-personnel/index.html). 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 project/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

Name: _____ Perm: _____ UMail: _____

Degree: _____ Major: _____ Committee Type: ☐ Master's Thesis ☐ Doctoral ☐ Both

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? *(definitions on previous page)* ☐ **Yes** ☐ **No**

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.*

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

If the above answer is "Yes" 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?* (must check at least one)

- ☐ 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 _____

Our signatures certify that we have read the policy and have provided full disclosure of any financial conflict of interest that may be harmful to the academic interests of the above student.

Student - type or print name	***Signature***	***Date***
Thesis/Dissertation Committee Chair-type/print name	***Signature***	***Date***
Major Department Chair - type or print name	***Signature***	***Date***

GRADUATE DIVISION

Conflict Disclosed, Reviewed and Approved: _____ _____
Graduate Division Dean/Associate Dean *Date*

No Conflict: _____ _____
Staff Initials *Date*