

COMMITTEE RECOMMENDATION FORM

<http://grad.uic.edu>

Information should be typed online (except for signatures at bottom), and then printed

Name of Student _____ UIN _____
For defense, type name exactly as it will appear on thesis/dissertation title page *Nine-digit ID from I-Card*

Student's Graduate Program _____ Program Code 20FS _____

Master's Thesis Defense* Preliminary/Field Exam Professional Doctorate Project Defense* Doctoral Dissertation Defense*

Anticipated date of exam or defense (mm/dd/yyyy) _____

* Thesis, doctoral project or dissertation title (must not exceed 105 characters in length including spaces) - title text must be in mixed case:

REGULATORY ISSUES (Complete the questions in this box only for Master's or Doctoral Defense. Do not complete for Preliminary Examination.)

Does the student's research involve human subjects?	Yes	No	
If yes, has the Institutional Review Board approved the proposal?	Yes	No	Approval # _____
Does the student's research involve animals in any way?	Yes	No	
If yes, has the Animal Care Committee approved the proposal?	Yes	No	Approval # _____
Does the student's research involve recombinant DNA?	Yes	No	
If yes, has the Institutional Biosafety Committee approved the proposal?	Yes	No	Approval # _____

Graduate College policy requires the minimum membership of committees as follows:

	Total Number	Full Membership	Tenure Requirement	Outside Member**
Master's thesis defense	Three	One	One	Not required
Field (OTD) / Preliminary exam (DNP only)	Three***	One	Not required	Not required
Preliminary exam (all other doctoral programs)	Five***	Three	Two	Recommended, but optional
Professional doctorate project defense (DNP, OTD)	Three***	One	Not required	Not required
Dissertation defense	Five***	Two	Two	One mandatory

**Outside member is defined as outside of the program, although some programs may require outside of UIC

***Chairperson must have full membership (not necessarily tenured)

We recommend that the following be approved as members of the committee for the student named above:

Name of Committee Member	Department of Committee Member
Chairperson (type name on line above)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of outside member**
curriculum vitae must be attached, if outside of UIC

Name of program (UIC, but outside of program), **or**,
Name of institution, agency, etc. (outside of UIC)

Advisor signature _____ Print name _____ Date _____

Program head or director of graduate studies signature _____ Print name _____ Date _____

Approved ☐ Not Approved ☐ _____
Graduate College signature _____ Date _____