



Faculty Nominee: _____ Nominee Email: _____

Degree Granting Department/Program _____

Complete the following fields with student information if nominating for a specific committee:

UO ID _____ Last Name _____ First Name _____

UO Email _____

| | |
|--|---|
| <input type="checkbox"/> *UO Non-Tenure-Related Faculty (attach CV and rationale statement describing the basis for eligibility) <input type="checkbox"/> UO Retired/Emeritus Faculty TRP? <input type="checkbox"/> Yes <input type="checkbox"/> No (attach CV and rationale statement describing the basis for eligibility) <input type="checkbox"/> UO Tenure-Related Faculty Member (no attachments required) _____ UO ID Number _____ Home Department/Program _____ Classification/Job Title | <input type="checkbox"/> *Faculty member at another university (attach CV and rationale statement describing the basis for eligibility) <input type="checkbox"/> *Practicing professional/Community member (attach CV and rationale statement describing the basis for eligibility) _____ Home Institution/Organization _____ Position/Job Title |
|--|---|

This person is recommended for authorization to serve as (check all that apply):

| | |
|--|---|
| <input type="checkbox"/> Chair (tenure-related only) | <input type="checkbox"/> Co-Chair (tenure-related only) |
| <input type="checkbox"/> Core Member | <input type="checkbox"/> Additional Core Member only |

On:

Any dissertation committee in our department
 Only the dissertation committee for the student named above

A note about service as an institutional representative (IR):

This form cannot be used to nominate a faculty member to serve in the IR role. An IR **must** be an active, tenure-related faculty member from a different degree granting department/program than the student. Exceptions to that policy should be requested by General Petition.

Department Approval:
 I have reviewed this form and all supporting material and approve this nomination.

| | | |
|----------------------|---------------------------|-------|
| _____ | _____ | _____ |
| Department Head Name | Department Head Signature | Date |

***School/College Dean Approval (only required for UO NTTF, Non-UO faculty, and practicing professionals/community members):**
 I have reviewed this form and all supporting material and approve this nomination.

| | | |
|-------------------------------|------------------------------------|-------|
| _____ | _____ | _____ |
| Dean (or Representative) Name | Dean (or Representative) Signature | Date |

Graduate School Decision: Approved Denied

| | | |
|------------------|-------|--------------------|
| _____ | _____ | _____ |
| Dean or Designee | Date | Entered in GradWeb |