


Revise Doctoral (Non-PhD) Committee

When to Use this Form

Use this form to add or remove faculty members on an existing doctoral committee for the EdD, DNP, DrPH, or DSW programs.

Student Instructions

1. Fill out the student information fields.
2. In consultation with your advisor/major professor, provide the name and department of each member of your proposed committee that you wish to add or remove. To add a member, select  and to remove a member, select .
3. If an added committee member is to be a chair, check the appropriate box under the committee member's name. If the committee member is to be removed, it is not necessary to check any boxes underneath the name.
4. Deliver the form to your department head.

Departmental Instructions

1. **The department head must check the appropriate boxes for each *added* member of the committee.**
2. Use the second page of this document to see the requirements for a well-formed committee for each degree type. The department head should check that the committee that results from this revision is well-formed, according to these requirements.
3. The department head should sign where indicated, if they approve the assignments presented in the form, and can confirm that the resulting committee is well-formed.
4. Submit the completed form to the Graduate School for processing in one of the following ways:
 - Scan the signed form and email it to **gradspec@utk.edu**.
 - Send the form by mail to the Graduate School.
 - Return the form to the student to deliver the form in person to the Graduate School main office.

Requirements for Well-Formed Committee

DNP Degree

A well-formed committee for the DNP degree must have at least three committee members.

- Two members must be doctorally-prepared faculty from the College of Nursing.
- One member must be from the community, and will serve as a voting member.
- The Chair must have rank of Assistant Professor or higher.

DrPH Degree

A well-formed committee for the DrPH degree must have at least four committee members, with a fifth member recommended from outside the university.

- The Chair must be a full-time UT faculty member, with an appointment in the Department of Public Health.
- Three members (including the Chair) must have the rank of Assistant Professor or higher.
- One member must be from an academic unit outside of the student's major.

DSW Degree

A well-formed committee for the DSW degree must have at least three committee members.

- Two members (including the Chair) must be doctorally-prepared faculty members with an appointment in the College of Social Work.
- One member must be from an academic unit outside of the student's major or external to the university.

EdD Degree

A well-formed committee for the EdD degree must have at least three committee members.

- Two members (including the Chair) must be doctorally-prepared faculty members with an appointment in the Department of Educational Leadership and Policy Studies.
- One member may be a faculty member from outside of the Department of Educational Leadership and Policy Studies.

Revise Doctoral (Non-PhD) Committee

Student Name: _____
Last First Middle

Student ID #: _____ **Email:** _____

Degree: _____
EdD, DNP, DrPH, DSW

Doctoral Committee to Add/Remove

Name (Please Print) _____ **Department** _____ **Signature** _____

Chair **Departmental Faculty** **Non-Departmental Faculty** **Outside UT**

Name (Please Print) _____ **Department** _____ **Signature** _____

Chair **Departmental Faculty** **Non-Departmental Faculty** **Outside UT**

Name (Please Print) _____ **Department** _____ **Signature** _____

Chair **Departmental Faculty** **Non-Departmental Faculty** **Outside UT**

Name (Please Print) _____ **Department** _____ **Signature** _____

Chair **Departmental Faculty** **Non-Departmental Faculty** **Outside UT**

Name (Please Print) _____ **Department** _____ **Signature** _____

Chair **Departmental Faculty** **Non-Departmental Faculty** **Outside UT**

By signing the statement below, I certify that the committee resulting from this revision is well-formed according to program requirements.

Department Head _____
Print Name Signature Date

Graduate School Verification by: _____ **Date:** _____