UCSB Graduate Division
Joint Doctoral Form I and Conflict of Interest Form

Name: Perm: Joint ID:

UCSB Email: Joint University: ☐ Sacramento ☐ San Diego

Student Signature: Date:

List the members of your committee below. Identify clearly whether the member is only serving a single role ("exam member only" or "diss member only") or their multiple roles if applicable ("exam chair & diss member," "diss chair & exam member," "diss & exam member," etc.).

1. Member Type: Title, Department and/or Institution:
   Member Name: Member Signature:
2. Member Type: Title, Department and/or Institution:
   Member Name: Member Signature:
3. Member Type: Title, Department and/or Institution:
   Member Name: Member Signature:
4. Member Type: Title, Department and/or Institution:
   Member Name: Member Signature:
5. Member Type: Title, Department and/or Institution:
   Member Name: Member Signature:
6. Member Type: Title, Department and/or Institution:
   Member Name: Member Signature:

The department of recommends this committee nomination and

- ◯ Confirms the committee meets Joint Doctoral Degree regulations or
- ◯ Has attached a memo requesting exception to Joint Doctoral Degree regulations

Affiliated Institution- **JDP Director** Name:
Signature: Date:

Affiliated Institution- **Dean** Name:
Signature: Date:

UC SANTA BARBARA
Academic Services
Graduate Division

Conflict of Interest Form

Name: Perm: Joint ID:

Major: Committee Type: ☐ Master's ☐ Doctoral

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? ☐ Yes ☐ No

If yes, due to the private entity's sponsorship of the project or other requirements imposed by the sponsor, 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.

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
- ☐ Limitation of the length or scope of student's work with the private entity
- ☐ Requirement that student conducts all work 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

Any other condition that the Graduate Student Conflict of Interest Subcommittee feels appropriate and reasonable to manage the conflict may also be implemented

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 Name: Signature: Date:

Committee Chair Name: Signature: Date:

Department Chair Name: Signature: Date:

Graduate Division Use Only:

The Graduate Division Dean/Associate Dean has reviewed the conflict and approves the course of action:
Signature: Date:

The Graduate Division Staff confirms there is no reported conflict. Staff Initials: Date: