**DIRECTIONS**: **1)** You are responsible for providing the UWW office with all information requested below. **2)** Your Academic and Community Advisors’ signatures as well as authorization from the UWW Office indicate that they agree you should convene Review Board. No other signatures are required. **3)** Arrange a day and time agreeable to all individuals listed to convene your Review Board. Contact UWW staff if you need to have your Review Board at a time other than 10:00 AM, 1:00 PM, or 2:00 PM. Emails will be sent to each Review Board member upon receipt of this request. **\*If you are holding the Review Board Hearing at Carruthers Center, your Academic Advisor will schedule the room. You must inform the UWW of the room’s location.**

**Date: Click here to enter a date.**

**Dear UWW:**

**I wish to convene my UWW Review Board on Click here to enter a date. at** Choose an item. **to determine my candidacy for Click here to enter a date. graduation from the University Without Walls program. I will be holding my Review Board Hearing at Choose an item.**

**The following have agreed to serve on the Board:**

|  |  |  |
| --- | --- | --- |
| **ACADEMIC ADVISOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature** | | Click here to enter text.  **Name** |
| Click here to enter text.  **Telephone** | Click here to enter text.  **Email** | Click here to enter text.  **Department** |
| **COMMUNITY ADVISOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature** | | Click here to enter text.  **Name** |
| Click here to enter text.  **Telephone** | Click here to enter text.  **Email** | Click here to enter text.  **Organization** |
| **OUTSIDE EVALUATOR:** Click here to enter text. | | Click here to enter text.  **Title** |
| Click here to enter text. **Telephone** | Click here to enter text.  **Email** | Click here to enter text.  **Organization** |
| **FACULTY EVALUATOR:** Click here to enter text. | | Click here to enter text.  **Title** |
| Click here to enter text.  **Telephone** | Click here to enter text.  **Email** | Click here to enter text.  **Department** |
| **FACULTY EVALUATOR:** Click here to enter text. | | Click here to enter text.  **Title** |
| Click here to enter text.  **Telephone** | Click here to enter text.  **Email** | Click here to enter text.  **Department** |
| **DEPTH AREA:** Click here to enter text. | | |
| Click here to enter text.  **UWW Student** | Click here to enter text.  **Telephone** | Click here to enter text.  **Email** |
| **Will you be presenting with a PowerPoint/Prezi?** Choose an item. | | |
| \*If you have an Apple laptop, please bring an adapter. | | |

**The Office of Nontraditional Degree Programs will notify Review Board Members of the location. Please submit this form two weeks prior to the Review Board hearing date.**