UNIVERSITY WITHOUT WALLS
REQUEST TO CONVENE FORM

DIRECTIONS:

- **PROVIDE ALL INFORMATION REQUESTED BELOW.**
- **ARRANGE A DAY AND TIME AGREEABLE TO ALL INDIVIDUALS TO CONVENE YOUR REVIEW BOARD.**
- **PLEASE SUBMIT THIS FORM THREE WEEKS PRIOR TO THE REVIEW BOARD HEARING DATE. EMAILS WILL BE SENT TO EACH BOARD MEMBER UPON RECEIPT OF THIS REQUEST.**
- **IF YOU HOLD THE HEARING AT EL CENTRO OR THE CARRUTHERS CENTER, YOUR ACADEMIC ADVISOR WILL SCHEDULE THE ROOM. YOU MUST INFORM NDP OF THE ROOM'S LOCATION.**

DATE	REVIEW BOARD DATE	REVIEW BOARD TIME	ANTICIPATED GRADUATION

LOCATION (SELECT ONE) →

□BRYN MAWR □EL CENTRO □CARRUTHERS CENTER □ZOOM

REVIEW BOARD MEMBERS

ACADEMIC ADVISOR

NAME -
TELEPHONE -
EMAIL -
DEPARTMENT / TITLE -

COMMUNITY ADVISOR

NAME -
TELEPHONE -
EMAIL -
DEPARTMENT / TITLE -

OUTSIDE EVALUATOR

NAME -
TELEPHONE -
EMAIL -
DEPARTMENT / TITLE -

FACULTY EVALUATOR

NAME -
TELEPHONE -
EMAIL -
DEPARTMENT / TITLE -

NDP REPRESENTATIVE

NAME -
TELEPHONE -
EMAIL -
UWW STUDENT -
DEPARTMENT / TITLE-

FACULTY EVALUATOR

NAME -
TELEPHONE -
EMAIL -
DEPARTMENT / TITLE -