

Change of Ph.D. Committee Membership

To: Research and Graduate Education Office  
PO Box 9024, HSS

From:

Date:

Due to \_\_\_\_\_ it is  
necessary to request a change in the committee membership.

\_\_\_\_\_  
(print student's name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(print new committee member's name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(print old committee members' name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(print graduate program director's name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Assistant Dean for graduate studies)

\_\_\_\_\_  
Signature

Note: Make sure to return completed form to the Graduate Office once all signatures have been received.