



Change in Advisor or Committee Member Approval Form

Please complete and return form to the Program Coordinator. The department chair must approve all changes.

Student Name _____ Student ID# U _____

Date: _____

Faculty member to be added:

Faculty member to be removed:

Name: _____

Name _____

Signature _____

Signature _____

Justification:

To be completed for changes in committee. Signatures needed for all committee members.

I have been requested by the candidate and hereby agree to serve on the dissertation committee and will be present at the defense.

Committee Member Signature _____ Date _____

Committee Member Signature _____ Date _____

Committee Member Signature _____ Date _____

Department Chair Approval Signature _____ Date _____

Office Use Only

Date Processed _____ By _____