

The University Graduate School

REQUEST FOR CHANGE OF RESEARCH COMMITTEE MEMBER(S)

Name of Student _____ Univ ID _____

Department _____ Birth Date _____

Current Mailing Address _____

Major _____ Minor(s) _____

Dissertation Title _____

Name(s) of committee member(s) to be deleted (**Please Type**):

Reason(s) for the requested change(s):

Information pertaining to the new member(s):

NAME (Please type)	SIGNATURE	DEPARTMENT	UNIV ID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature/Departmental Chairperson _____ Date _____

Approval/Dean
University Graduate School _____ Date _____