CHANGE TO THESIS / DISSERTATION COMMITTEE COMPOSITION

Student Information

Last Name	First Name	Middle Init	ial Student ID #	
Expected Graduation Semester	Tel#	Email Address	Department	
Thesis/Dissertation Title:				
Thesis Dissertation	1			

Policy on Changes to Committee

Changes before Preliminary Examination. Should the student, in consultation with his/her advisor, wish to change any of the committee members, he/she must submit a revised Plan of Study with the new members, indicating that this change has been approved by the advisor and by the graduate coordinator or department chair.

Changes after Preliminary Examination. Changes in committee membership after the preliminary exam requires signatures of both outgoing and incoming committee members and the student, as well as justification for the committee change. Approval by the Graduate College is required before holding any examinations.

Disagreements within the committee or between the student and a committee member over the quality of a student's performance are not grounds for reconstituting the committee.

Current Committee

List all members of the current committee below. Any current committee member who will be removed from the committee must sign to confirm removal. **Only those being removed from the committee should sign here.**

Current Committee Member Names	Department	Sign and Date Below to Consent to Removal from Committee (SIGN ONLY FOR REMOVAL)	
Major Professor / Committee Chair		Signature	Date
1.			
2.			
3.			
4.			
5.			

Proposed New Committee

All committee members on the proposed new committee must sign (including those who will remain from the original committee). By signing, you agree to serve on this committee. The student and the Department Chair or Graduate Coordinator must also sign below to confirm the new committee.

Proposed Committee Member Names	Department	Sign and Date Below on the Con (ALL MUS)	nmittee
Major Professor / Committee Chair 1.		Signature	Date
2.			
3.			
4.			
5.			
Student (Print Name)		Student Signature	Date
Department Chair or Graduate Coordinator (Print Name)		Department Chair or Graduate Coordinator Signature	Date
GRADUATE COI	LLEGE USE ON	LY BELOW THIS LINE	
Ph.D. Students Only: Graduate Facu (this entry to be completed by the Grad		2	
Name		Department	
Approval of Committee Change by the	Graduate College:		
		Signature	Date