



Doctoral/Dissertation Committee Member Change Request Form

Please Select a Program:

Student's Name [Type]: _____ Banner ID: _____

I request that _____ be
added as
removed and replaced by _____ as
changed from _____ to _____

I agree to serve as _____ for the student listed above.

Signature of new member named above Academic Department Date

For faculty removals only:
I agree to relinquish duties on this student's advisory committee.

Signature of member named above Academic Department Date

I approve the Doctoral Dissertation Committee assignment.

Dissertation Committee Chair [Signature] Type Name Date

Doctoral Program Coordinator [Signature] Type Name Date

Department Chair [Signature] Type Name Date

Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted no later than sixty days before the dissertation defense and final examination. Contact CGS with questions 361.825.2174.

For College of Graduate Studies Use Only:

____ Date Entered on Spreadsheet ____ Date
____ Scanned into Laserfiche (Initials only) ____ Date
____ Informed Academic Advisor ____ Date