

Doctoral/Dissertation Committee Member Change Request Form

Select a Program:		
Student's Name:	Banner ID:	
I request that	be:	
added as		
removed and rep	placed by as	
changed from _	to	
I agree to serve as	for the stud	ent listed above.
Signature of New Member Ad	ded Department	
Signature of Removed Memb		
I approve the Doctoral Dissertation Com	ımittee assignment.	
Dissertation Committee Chair Sig	gnature Type Name	Department
Doctoral Program Coordinator Sig	gnature Type Name	Department
Department Chair Signature	e Type Name	Department
Complete this form. Upload to <u>CGS website</u> to be rout dissertation defense and final examination. Contact <u>CGS</u> For College of Graduate Studies Use Only:		than sixty days before the
GGS Approval	Entered in Banner	
Academic Advisor	Entered on Spreadsheet	