



ARKANSAS TECH UNIVERSITY



DISSERTATION COMMITTEE MEMBER CHANGE FORM

STUDENT NAME: _____ T NUMBER: _____

STUDENT SIGNATURE: _____ GRADUATION DATE: _____

EMAIL ADDRESS: _____ PHONE: _____

DISSERTATION TOPIC: _____

COMMITTEE BEFORE CHANGES:

CHANGE STATUS:

Member Name: _____

Remaining Leaving

NEW COMMITTEE MEMBERS(S):

ALL COMMITTEE MEMBERS MUST HAVE GRADUATE FACULTY STATUS

My signature indicates I agree to provide the graduate student with the information and direction necessary to prepare an acceptable document for presentation to the Graduate College and the fulfillment of all doctoral degree requirements.

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

SIGNATURES OF APPROVAL:

Program Director Date

Dean of the Graduate College Date