

## THESIS COMMITTEE MEMBER CHANGE FORM

This form must be submitted when a change is made in a thesis committee composition. No graduate faculty member may act as a committee member until approval is received from the Graduate College.

Student Name: \_\_\_\_\_ T Number: \_\_\_\_\_  
*(Please Print)*

Student Signature: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

REMOVE:

\_\_\_\_\_  
Committee Member *(Print)*                      Committee Member *(Signature)*                      Date

\_\_\_\_\_  
Committee Member *(Print)*                      Committee Member *(Signature)*                      Date

**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 Master's Degree requirements.

ADD:

\_\_\_\_\_  
Committee Member *(Print)*                      Committee Member *(Signature)*                      Date

\_\_\_\_\_  
Committee Member *(Print)*                      Committee Member *(Signature)*                      Date

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head or Graduate Program Director

Graduate Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Graduate Dean – Dr. Mary B. Gunter