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: _____

Student Signature: _____

Student Email: _____ Student Phone: _____

REMOVE:

Committee Member	Committee Member *(Signature)*	Date
Committee Member	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	Committee Member *(Signature)*	Date
Committee Member	Committee Member *(Signature)*	Date

Approval: _____ Date: _____
Department Head or Graduate Program Director

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