

Doctoral Form D-10

CHANGE OF COMMITTEE MEMBERSHIP

Pleas	e type (nandwritten forms will not be a	accepted):	
Student's Name		Spire ID Number	
Local/Cell Phone Number		Email Address	
Conc	centration:		
I wis	h to change the composition of my con	nmittee which is currently comp	posed of the following:
		FULL NAM	ΜE
TYP:	E OF COMMITTEE:	Committee Chair/	Co-chair
	Guidance	Committee Co-chair (optional)	
	Comprehensive	Committee Member	
	Dissertation	Committee Member	
I wish to make the following change(s):		Committee Member (optional)	
	FULL NAME	SIGNATURE	DATE
Drop	:		
Add:			
Drop	:		
Add:			

Please note the reason for change of committee:

Approved:		
FULL NAME	SIGNATURE	DATE
Committee Chair/ Co-chair		
Committee Co-chair (optional)		
Student's Name		
Approved:		
Dr. Shane Hammond, Graduate Pr	Date	

The original form is to be filed with the Office of Academic Affairs (Room W114, Furcolo Hall).