



COLLEGE OF GRADUATE STUDIES

PETITION FOR CHANGE OF DISSERTATION COMMITTEE



1. CANDIDATE
 LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ K#: _____
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____ PHONE: _____

I request that the following changes be made in the membership of my advisory committee:

JOINING	Name	College	Department	Signature	Role on Advisory Committee
LEAVING	Name	College	Department	Signature	Role on Advisory Committee

Reason for this request:

☐ Member retiring ☐ Change in supporting field ☐ Member has left TAMUK ☐ Member not available for final defense/exam

☐ Other (type reason):

STUDENT SIGNATURE: _____ DATE: _____

APPROVAL RECOMMENDED

2. CHAIR: _____ SIGNATURE: _____ DATE: _____

3. CO-CHAIR/
MEMBER: _____ SIGNATURE: _____ DATE: _____

4. DEPARTMENT
CHAIR: _____ SIGNATURE: _____ APPROVAL
DATE: _____

5. GRADUATE DEAN: _____ SIGNATURE: _____ APPROVAL
DATE: _____

Please contact the College of Graduate Studies if you have any questions about using this form.
graduatestudies@tamuk.edu or (361) 593-2809