

Change of Committee Member(s) *Please type*

Please check one: **Advisory Committee** **PhD Candidacy Examining Committee**

Student Name _____ Date submitted _____

Advisor Name _____ Advisor must affix initials _____

Name(s) of member(s) being replaced (if applicable): _____

Brief description of reason for change: _____

Degree Program: PhD MD/PhD MS SMS

Committee member outside student's major research area: _____

Student's Program Affiliation: _____

Description of student's research interests _____

*Complete information below for each **NEW** committee member and obtain individual's initials*

a) Name, Degree b) Dept & Institutional Affiliation & Position c) Membership in GSBS Faculty (yes or no) d) GSBS Program Affiliation(s) (list all)	Faculty affix Initials *	Area of Expertise (key words)
1. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No** d)		
2. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No** d)		
3. a) b) c) Membership in GSBS Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No** d)		

*Initials indicate willingness to serve on committee

** If not a GSBS faculty member, attach biosketch

Approved:

Program Director (print name and sign) _____
Date

Associate Dean for Graduate Education _____
Date

Chair, Academic Standards Committee _____
Date

Submit form to gsbs.reports@uth.tmc.edu