

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 (*will sign after submission to GSBS*) _____ Date _____

Chair, Academic Standards Committee (*will sign after ASC meeting*) _____ Date _____

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