

Change of Advisory/Examining Committee Member(s) *Please type*

Name of student _____

Date submitted _____

Name of student's advisor _____ Advisor's initials _____

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

Brief description of reason for change:

Degree Program: Ph.D. M.D./Ph.D. M.S. S.M.S.

Committee member outside student's major research area: _____

Student's Program Affiliation: _____

Description of student's research interests _____

*Complete info 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)	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 (if applicable)

Date

Associate Dean for Graduate Education

Date

Chair, Academic Standards Committee

Date