

## Thesis Committee Member Change Request Form

Select a Program: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

I request that \_\_\_\_\_

added as \_\_\_\_\_

removed and replaced by \_\_\_\_\_ as \_\_\_\_\_

changed from \_\_\_\_\_ to \_\_\_\_\_

*I agree to serve as the advisory committee for the student listed above.*

_____ Signature of New Member	_____ Type Name	_____ Department
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**For Faculty Removals Only:**

*I agree to relinquish duties on this student's advisory committee.*

_____ Signature of Removed Member	_____ Type Name	_____ Department
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*I approve the Thesis Committee assignment.*

_____ Committee Chair (Signature)	_____ Type Name	_____ Department
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_____ Program Coordinator (Signature)	_____ Type Name	_____ Department
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_____ Department Chair (Signature)	_____ Type Name	_____ Department
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Complete this form. Upload to [CGS website](#) to be routed for signatures. Form should be submitted no later than sixty days before the thesis and final examination. Contact CGS with questions 361.825.2174.

**For College of Graduate Studies Use Only:**

CGS Approval \_\_\_\_\_

Entered in Banner \_\_\_\_\_

Academic Advisor \_\_\_\_\_

Entered in Spreadsheet \_\_\_\_\_