

Request for Change in Doctoral Committee

(This form must be typed or word processed)

Student Name: _____ Signature: _____ UT EID: _____

Graduate Program: _____ Graduate Adviser: _____

1) Current Committee:

Name	EID	Department
Supervisor _____ Co-supervisor _____	_____	_____
Co-supervisor _____ Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____
Member _____	_____	_____

2) Proposed Committee (attach CVs for new non-GSC members):

Name	EID	Department	GSC Member?
Supervisor _____ Co-supervisor _____	_____	_____	Yes __ No __
Co-supervisor _____ Member _____	_____	_____	Yes __ No __
Member _____	_____	_____	Yes __ No __
Member _____	_____	_____	Yes __ No __
Member _____	_____	_____	Yes __ No __
Member _____	_____	_____	Yes __ No __
Member _____	_____	_____	Yes __ No __

3) The Graduate Adviser must check one of the following boxes:

- The student's Final Oral Examination will NOT take place within 30 days of the submission of this form to the Office of Graduate Studies.
- The student's Final Oral Examination WILL take place within 30 days of the submission of this form to the Office of Graduate Studies. The Supplemental Form must be attached to this form.

By signing below (proxies not allowed) the Supervisor(s) and Graduate Adviser certify that all committee members, current and proposed, are aware of and agree to the above changes. If all members do not agree, a petition from the Graduate Adviser and statements from all dissenting members must be submitted. The final committee will be determined by the Graduate Dean.

Signature, Current Supervisor Date

Signature, Proposed Supervisor Date
(Required when changing supervisor)

Signature, Current Co-Supervisor Date

Signature, Proposed Co-Supervisor Date
(Required when changing co-supervisor)

Signature, Graduate Adviser Date

Graduate Dean Date

Supplemental: Request for Change in Doctoral Committee Within 30 Days of Final Oral Examination

(This form must be typed or word processed)

Student Name: _____ UT EID: _____

Graduate Program: _____ Graduate Adviser: _____

Attach this form to the completed "Request for Change in Doctoral Committee" form ONLY IF the student's defense will take place within 30 days of the request. Signatures of all removed and added committee members is required; no proxies allowed.

Names and Signatures of Committee Members To Be REMOVED:

Name	EID	Signature
_____ Member	_____	_____
_____ Member	_____	_____
_____ Member	_____	_____

Names and Signatures of Committee Members To Be ADDED:

Name	EID	Signature
_____ Member	_____	_____
_____ Member	_____	_____
_____ Member	_____	_____

If committee members being removed within 30 days of a defense cannot sign this form, the Graduate Advisor must provide an explanation and sign below:

Signature, Graduate Adviser

Date

Graduate Dean

Date