

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES – MD/PHD PROGRAM
FORM: Change - Committee Member

INSTRUCTIONS: Please complete this form, have signed as appropriate and return to the Graduate School office. This may be faxed (6-8009), sent via interoffice mail (GSBS, Room S1-824) or hand delivered. Because a signature is required, it cannot be sent via e-mail.

		Effective Date of Change	
<i>Please Print</i>	First Name	Middle Name	Last Name
Student			

Committee Being Changed

<input type="checkbox"/> Qualifying Exam Committee	<input type="checkbox"/> Thesis Research Advisory Committee	<input type="checkbox"/> Dissertation Committee
Committee Member Being Replaced		
New Committee Member		

Signatures

Student		Date
Thesis Advisor		Date
New Committee Member		Date
Committee Chair		Date

Approval

Graduate Program Director		Date
GBS Dean		Date

For GSBS Office Use – Distribution

<input type="checkbox"/> Graduate Program Director	<input type="checkbox"/> GSBS Student File
GSBS Staff:	Date: