

REQUEST FOR CHANGE IN DISSERTATION/THESIS COMMITTEE

FORM 9

				FORM	
Student Name:			Z Number:	Date:	
Degree:	Major:		Anticipated Graduation Term:		
Please note: Request to applying for gradu		thesis commit	tees must be initiated and appr	oved at least one semester prior	
Requested Chang	es to Current Committee	Please note	the following:		
a. Members to be remo	oved, added, or their roles modif	ied <u>must sign t</u>	o indicate agreement		
	ole", make a selection for new meet to chair or co-chair, co-cha			e) and <u>current members</u> whose role is	
c. The full Graduate Fa	aculty Membership list and police	cy is available	at http://www.fau.edu/graduate/fa	aculty-and-staff/graduate-faculty.ph	
Action Select for each if adding, removing or modifying)	Committee Role (Select if member, chair, or co-chair)	(P	rint Name)	(Signature)	
Changes to Dissertatio	n/Thesis Commitee approved by	Department, Co	ollege and the Graduate College:		
Student (Signature)		Date			
Supervisory Committee	e Chair or Designee (Signature)	Date	Department Chair or Designee (Sign	nature) Date	
College Dean or Design	nee (Signature)	Date	Dean of the Graduate College or De	signee (Signature) Date	

^{*}Please submit completed form to **graduatesupport@fau.edu for** Graduate College final approval/signature. A copy of the approved form will be emailed to the student and college designee(s) and kept on file in the Graduate College.