

College of Graduate Studies
**Change in Dissertation Advisory
Committee Form**



I hereby request the following Dissertation Advisory Committee to be changed for:

Candidate Name: _____ MTSU ID #: _____

who is enrolled in the _____ program

Email Address: _____ Phone (with area code) _____

Current committee member(s) to be replaced:

Dissertation Advisory Committee member(s) to be added: Please note if change included a new chair
*(Committee members must have Graduate Faculty status granted by the Graduate Council of the College of Graduate Studies.
The committee chair must hold Doctoral status.)*

Committee Member Name	Signature of New Member	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Candidate _____ Date _____

Committee Changes Approved By:

Signature of Graduate Program Director _____ Date _____

College of Graduate Studies _____ Date _____

Submit this completed form to:

College of Graduate Studies
MTSU Box 42
Sam H. Ingram Building, Main Floor
2269 Middle Tennessee Blvd.
Murfreesboro, TN 37132