

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



I hereby request the following Thesis 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:

Thesis Advisory Committee member(s) to be added: Please note if change includes a new chair
(Committee members must be members of the Graduate Council of MTSU. The committee chair must hold Full membership.)

<i>Committee Member Name</i>	<i>Signature of New Member</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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