



Thesis Committee Member Change Request Form

Student's Name [Type]: \_\_\_\_\_ Student ID: \_\_\_\_\_

Degree: \_\_\_\_\_ Program: \_\_\_\_\_

I request that [Type Name] \_\_\_\_\_ be
added as
removed and replaced by \_\_\_\_\_ as
changed from \_\_\_\_\_ to \_\_\_\_\_

I agree to serve on the advisory committee for the student listed above.

Signature of new member named above Academic Department Date

For faculty removals only:

I agree to relinquish duties on this student's advisory committee.

Signature of member named above Academic Department Date

I approve the Thesis committee assignment.

Thesis Committee Chair [Signature] Type Name Date

Program Coordinator [Signature] Type Name Date

Department Chair [Signature] Type Name Date

Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Form should be submitted no later than sixty days before the thesis defense and final examination. Contact CGS with questions 361.825.2174.

For Graduate Office Use Only:

\_\_\_\_ Date Entered on Spreadsheet \_\_\_\_ Date
\_\_\_\_ Dean, CGS (Initials only) \_\_\_\_ Date
\_\_\_\_ Scanned into Laserfiche (Initials only) \_\_\_\_ Date
\_\_\_\_ Informed Academic Advisor \_\_\_\_ Date