

Dissertation Chair/Committee Member Change Request Form

Submit the completed form to The Graduate College at gcdegspcl@txstate.edu no less than sixty (60) days before the final defense of the dissertation. If submitted less than sixty (60) days before the final defense, a justification for the change must be included in the <a href="mailto:emailto

| Student Name: | | Texas State ID: | | | |
|--|------------------------------|---|-------------|--------|--|
| Major: | | Degree (check one): Ph.D. □Ed.D. D.B.A. | | D.B.A. | |
| Student Signature: | | Date: | | | |
| Please select the appropriate option and include the information on the lines below. Signature indicates agreement to serve in the selected role for the student listed above. It also indicates that the signee(s) is/are aware that they will not be reimbursed for any expenses incurred as part of this service. | | | | | |
| ☐ Add a Committee Chair | | | | | |
| Printed Proposed Chair | Proposed Chair's Departmen | t Signa | ture Date | | |
| | | | | | |
| ☐ Add a Co-Chair Printed Proposed Co-Chair | Proposed Co-Chair's Departme | ent Signa | ture Date | | |
| | | | | | |
| ☐ Add a Committee Member | | | | | |
| Printed Proposed Member | Proposed Member's Department | nt Signa | ture Date | Date | |
| ☐ Remove a Committee Chair/Member | | | | | |
| Printed Chair/Member to be Removed Check One: | | One: Chair N | Member Date | | |
| | | | | | |
| Signatures below indicate the approval of the above recommendation: Printed Name Signature Date | | | | | |
| Trinted Name | | Signature | Date | | |
| Dissertation Committee Chair/Co-Chair | | | | | |
| Co-Chair (if applicable) | | | | | |
| Doctoral Program Director | | | | | |
| Department Chair | | | | | |
| For The Graduate College Use Only | | | | | |
| Based on the recommendation above, the Dissertation Chair/Committee Member Change Request is approved. | | | | | |
| Dean or Dean's Designee of The Graduate College Date | | | | | |