

Thesis Chair/Committee Member Change Request Form

This form is required to make changes to an existing thesis committee. Submit the completed form to The Graduate College at gcdgspcl@txstate.edu. It is the student's responsibility to make sure The Graduate College receives this form in a timely manner. Failure to submit this form prior to submitting the completed thesis to Vireo could delay graduation. Any committee member(s) requested below must hold current graduate faculty status.

| | |
|--------------------------|-----------------------|
| Student Name: _____ | Texas State ID: _____ |
| Major: _____ | Degree: _____ |
| 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 Department | Signature | Date |
| _____ | _____ | _____ | _____ |

Add a Co-Chair

| | | | |
|---------------------------|--------------------------------|-----------|-------|
| Printed Proposed Co-Chair | Proposed Co-Chair's Department | Signature | Date |
| _____ | _____ | _____ | _____ |

Add a Committee Member

| | | | |
|-------------------------|------------------------------|-----------|-------|
| Printed Proposed Member | Proposed Member's Department | Signature | Date |
| _____ | _____ | _____ | _____ |

Remove a Committee Chair/Member

| | | |
|------------------------------------|---|-------|
| Printed Chair/Member to be Removed | Check One: <input type="checkbox"/> Chair <input type="checkbox"/> Member | Date |
| _____ | | _____ |

Signatures below indicate the approval of the above recommendation:

| Printed Name | Signature | Date |
|---------------------------------|-----------|-------|
| Thesis Committee Chair/Co-Chair | _____ | _____ |
| Co-Chair (if applicable) | _____ | _____ |
| Graduate Program Advisor | _____ | _____ |
| Department Chair | _____ | _____ |

For The Graduate College Use Only

Based on the recommendation above, the Thesis Chair/Committee Member Change Request is **approved**.

| | |
|---|-------|
| _____ | _____ |
| Dean or Dean's Designee of The Graduate College | Date |