

Instructions: Complete this form to alter the composition of your Dissertation Committee. If any proposed member is not a member of Temple University's Graduate Faculty, that individual's curriculum vitae (CV) must be attached.

SECTION I: STUDENT INFORMATION

Name (Last, First and Middle)		TUId
Current Mailing Address (including City, State and Zip Code)		
Home Telephone () - -	Temple E-mail	
School/College	Program	Degree

SECTION II: CONSENT OF COMMITTEE MEMBER(S) DEPARTING AND JOINING

Depart	Join	Signature of Member	Name of Member	Department

SECTION III: REASON FOR CHANGE IN COMMITTEE MEMBERSHIP

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SECTION IV: DISSERTATION PROPOSAL APPROVAL LEVEL REQUIRED BY DEPARTMENT/PROGRAM

- Dissertation Advisory Committee only School/College Review
 Department Review Other: _____

SECTION V: APPROVAL SIGNATURES

Signature of Student (required)		Date / /
Signature of Dissertation Advisory Chair (required)	Name of Dissertation Advisory Chair	Date / /
Signature of Department Representative (if req'd by section V)	Name of Department Representative	Date / /
Signature of School/College Representative (if req'd by section V)	Name of School/College Representative	Date / /

SECTION VI: GRADUATE SCHOOL APPROVAL

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of Dean or Designee	Name of Dean or Designee	Date / /

Return completed form to:
Christa Viola
Coordinator of Graduate
Student Services

Graduate School
501 Carnell Hall
1803 North Broad Street
Philadelphia, PA 19122-6095
Fax: 215-204-8781