



# Dissertation Committee Change

Return completed form to:  
The Graduate School  
501 Carnell Hall  
1803 N. Broad St.  
Phila., PA 19122  
Fax 215-204-8781

**If proposed member is not Temple University faculty, a CV must accompany this form.**

## STUDENT INFORMATION

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Current Address \_\_\_\_\_  
Street City State Zip

Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

## Degree Information

College \_\_\_\_\_ Program \_\_\_\_\_ Degree \_\_\_\_\_

## Check Appropriate Dissertation Proposal Approval Level(s) Required for Department/Program

\_\_\_\_ Dissertation Advisory Committee only \_\_\_\_ College Review  
\_\_\_\_ Department Review \_\_\_\_ Other \_\_\_\_\_

## Membership (Only the members leaving and those joining need to complete and sign this section. Signature indicates consent.)

### Current

Member 1:	Signature _____	Print _____	Dept _____
Member 2:	Signature _____	Print _____	Dept _____
Member 3:	Signature _____	Print _____	Dept _____

### Proposed

Member 1:	Signature _____	Print _____	Dept _____
Member 2:	Signature _____	Print _____	Dept _____
Member 3:	Signature _____	Print _____	Dept _____

## Reason(s) for Member Change

\_\_\_\_\_  
\_\_\_\_\_

## Approval Signatures (Minimally, student and Dissertation Advisory Chair signatures are required.)

Student \_\_\_\_\_ / /

Dissertation Advisory Chair \_\_\_\_\_ / /

[Department Representative \_\_\_\_\_ / /]

[College Representative \_\_\_\_\_ / /]

GRADUATE SCHOOL APPROVAL \_\_\_\_\_ / /