

Thesis Chair/Committee Member Change Request Form

It is the student's responsibility to make sure The Graduate College receives this form in a timely manner. 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

Proposed Chair	Proposed Chair's Department	Signature	Date
_____	_____	_____	_____

Add a Co-Chair

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

Add a Committee Member

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 Disapproved

_____ Dean or Associate Dean of The Graduate College	_____ Date
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