

REQUEST FOR CHANGE IN DOCTORAL COMMITTEE

Marshall University
College of Education & Professional Development

Name _____ Student ID Number _____

Email Address _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Major: _____ Area of Emphasis: _____

I am requesting the following change(s) in the membership of my doctoral committee:

Members to be removed:	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Members to be added:	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____
Doctoral Student	Date

_____	_____
Doctoral Committee Chair	Date

_____	_____
Doctoral Program Coordinator	Date

_____	_____
Dean, COEPD	Date