

REQUEST FOR CHANGE IN DOCTORAL COMMITTEE

Marshall University

Graduate School 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

Cynthia Kolsun _____
Doctoral Coordinator _____ Date

Teresa Eagle _____
Dean, GSEPD _____ Date