

Curriculum and Instruction  
**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