

Leadership Studies
REQUEST FOR CHANGE IN DOCTORAL COMMITTEE
Marshall University
College of Education & Professional Development

Name:

ID Number:

Email Address:

Mailing Address: Street

City:

State:

Zip:

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:

Name:

Signature:

Date:

Student

Committee Chair

Program Director

Program Coordinator

Dean, COEPD