

Thesis Committee Change

gradforms@uttyler.edu · STE 345 · 903-566-7457

The Thesis Committee must be approved by the Dean of the Graduate School. This request for the Thesis Committee Change must include a copy of the student’s emailed request for the committee change (sent from their Patriots email account) and a copy of the currently Approved Thesis Committee form.

**Student Information**

**Student Name:** Enter Student’s Name **Student ID:** Enter ID Number

**Program:** Enter Program **Semester Entered:** Semester **Year Entered:** Year

**Committee Change Information**

Appropriately qualified faculty may serve on a committee at the request of the student and the graduate program. The minimum requirement for a Thesis Committee is three members, including the Thesis chair and at least two other faculty members, one of whom must be from the department in which the degree is being sought.

To avoid both the fact and the appearance of conflict of interest, family members, spouses, ex-spouses, significant others, or members otherwise related by blood or marriage or residing in the same household may not simultaneously serve on the same committee.

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| --- | --- | --- | --- | --- |
| ***Current Member*** | Member’s Name | Dept. | Member’s Dept. | Graduate Faculty Status |
| ***Proposed Member*** | Member’s Name | Dept | Member’s Dept. | Graduate Faculty Status |

Please provide reason for change in box below.

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| --- |
| Enter Reason for Change |

 **Approvals**

**Thesis Committee Chair:** Thesis Chair’s Signature Approval Date: Select Approval Date

**Master’s Program Coordinator**: Program Coordinator’s Signature Approval Date: Select Approval Date

Prior to signing this form, the department chair must confirm that all members above have agreed to serve on the committee. If the Coordinator and Department Chair are the same person, the College Dean must sign below in the Department Chair space.

**Department Chair**: Department Chair’s Signature Approval Date: Select Approval Date

**Graduate School Dean**: Signature Approval Date: Select Approval Date

Please complete this form and send it and the additional supporting materials noted at the top of this form to The Graduate School (GradForms@uttyler.edu). A copy of the approved change form will be sent to the entire committee and student.

\*\* This form is not to be submitted by the student. \*\*