Thesis Committee Member Change Request Form

Select a Program: Select a Program

Student's Name: _____ A # : _____

I request that _____

☐ added as _____

☐ removed and replaced by _____ as _____

☐ changed from _____ to _____

I agree to serve on the advisory committee for the student listed above.

Signature of New Member	Type Name	Department

For Faculty Removals Only:
I agree to relinquish duties on this student's advisory committee.

Signature of Removed Member	Type Name	Department

I approve the Thesis Committee assignment.

Committee Chair (Signature)	Type Name	Department
Program Coordinator (Signature)	Type Name	Department
Department Chair (Signature)	Type Name	Department

Complete this form. Upload to Grad Forms Submission to be routed for signatures. Form should be submitted before the thesis and final examination. For questions please contact gradcollege@tamucc.edu or call Katy Garcia/Associate Provost's Office at 361.825.3365

For Graduate Education Use Only:

Graduate Faculty Status _____ Entered in Banner _____

Academic Advisor _____ Entered in Spreadsheet _____