



1. CANDIDATE LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ K#: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

I request that the following changes be made in the membership of my advisory committee:

	Name	College	Department	Signature	Role on Advisory Committee
JOINING					
	Name	College	Department	Signature	Role on Advisory Committee
LEAVING					

**Reason for this request:**

- Member retiring  
  Change in supporting field  
  Member has left TAMUK  
  Member not available for final defense/exam  
 Other (type reason):

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### APPROVAL RECOMMENDED

2. CHAIR: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

3. CO-CHAIR/MEMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

4. DEPARTMENT CHAIR: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

5. GRADUATE DEAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

Please contact the College of Graduate Studies if you have any questions about using this form.  
[graduatestudies@tamuk.edu](mailto:graduatestudies@tamuk.edu) or (361) 593-2809