



Graduate School
Campus Box 4040
Telephone: (309) 438-2583
www.grad.illinoisstate.edu

COMMITTEE CHANGE FORM

For Research Leading to a Doctoral Dissertation or Master's Thesis

Submit original electronically to dissert@ilstu.edu or in person to the Graduate School Office, Hovey 208. After review and approval in the Graduate School, copies will be returned via ISU email to the committee chair, the department/school, and to the student.

Student's Name UID Student's ISU email @ilstu.edu

Department/School Degree Expected (e.g. M.A., M.S., Ph. D)

Has the student received Right to Defend from the Graduate School? Yes No
(No changes can be made to committee after the Right to Defend has been issued)

Original Members Who Will Remain on Student's Committee

Name Dept./School Signature
ISU Graduate Faculty: full member associate member not a member

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ISU Graduate Faculty: full member associated member not a member

Committee Member(s) Being Removed from Committee (If no one is leaving committee leave this blank)

Name Dept./School Signature

Name Dept./School Signature

Name Dept./School Signature

Committee Member(s) Being Added to Committee

(If no one is joining your Committee leave this blank)

| | | |
|-----------------------|---|---------------------------------------|
| Name | Dept./School | Signature |
| ISU Graduate Faculty: | <input type="checkbox"/> full member <input type="checkbox"/> associated member | <input type="checkbox"/> not a member |

| | | |
|-----------------------|---|---------------------------------------|
| Name | Dept./School | Signature |
| ISU Graduate Faculty: | <input type="checkbox"/> full member <input type="checkbox"/> associated member | <input type="checkbox"/> not a member |

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| Name | Dept./School | Signature |
| ISU Graduate Faculty: | <input type="checkbox"/> full member <input type="checkbox"/> associated member | <input type="checkbox"/> not a member |

University regulations for committee

All members of the ISU Graduate Faculty

At least one chair and a majority of all members hold full membership on ISU Graduate Faculty

Majority of members come from the student's department/school

If the committee members proposed above do not meet all requirements, listed on the instruction page of this form, indicate exception/s requested.

- chair not a full member
- majority not full members of ISU Graduate Faculty
- majority not from within the department/school
- includes a member not on the ISU graduate faculty (attach copy of outside member's vita)

Brief rationale for each exception sought:

Approvals for the Changes to This Committee

Department Chair/School Director or designee should not sign this form until IRB/IACUC/IBC approval has been obtained, if applicable.

| | | |
|--|-----------|------|
| Department Chair/School Director Name, Printed | Signature | Date |
|--|-----------|------|

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|---|-----------|------|
| Thesis/Dissertation Chair Name, Printed | Signature | Date |
|---|-----------|------|

| | | |
|-----------------------|-----------|------|
| Student Name, Printed | Signature | Date |
|-----------------------|-----------|------|

Graduate School

| | |
|-----------|------|
| Signature | Date |
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