



REQUEST TO CHANGE THESIS COMMITTEE

IMPORTANT: Prior to modification of the committee appointment, this form should be delivered to the Graduate Program Director to be signed. This completed form should be scanned for files maintained the Director of Graduate Studies and forwarded as a .pdf file to Marian Burns (mburns@fisk.edu) in the Graduate School Office, DuBois Hall, Room 206.

TO: Dean of the Graduate School

This is to request the change of the following Thesis committee for:

(Student's Name)
(Student's I.D. Number)
in (Program)
with (Thesis Advisor)

Members to be deleted from the Committee:

Please Type Name: Discipline/Department:
[Blank lines for input]

Members to be added to the Committee:

Please Type Name: Discipline/Department:
[Blank lines for input]

Director of Graduate Studies: Signature Date

DGS, please send a copy of this form, once completed, to ccoca@fisk.edu.