

REQUEST FOR RECONSTITUTION OF COMMITTEE MEMBERSHIP

STUDENT NAME _____ Circle: Mr. Ms.
(Last, First Middle)

ADDRESS _____
_____ EMAIL _____
_____ PHONE _____

MAJOR _____ DEGREE OBJECTIVE _____

SSN/Student ID _____ (to be used to verify identity only)

COMMITTEE TO BE RECONSTITUTED:

MASTERS THESIS DOCTORAL DISSERTATION QUALIFYING EXAMINATION

A succinct, clear statement of the changes requested and the reasons for the changes:

Committee as it is presently constituted:

TITLE	NAME (First, Middle, Last)	HOME DEPARTMENT
_____	_____	_____ Chair
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

New committee you are requesting:

_____	_____	_____ Chair
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please be sure to complete **BOTH** pages of this form.

Supporting statement from your GRADUATE PROGRAM ADVISER:

I certify that ALL PARTIES have been notified of and have agreed to the above changes.

GRADUATE PROGRAM ADVISER SIGNATURE
(please sign and PRINT name)

DATE

STUDENT SIGNATURE

DATE

Please return this form to the Office of Graduate Studies, 250 Mrak Hall, Davis, California 95616.

GRADUATE STUDIES DEAN'S SIGNATURE

DATE

GRADUATE COUNCIL CHAIR

DATE

cc: Committee Chair (current/new/former/co-chair, as appropriate)
Graduate Adviser
Program
Student