



COMMITTEE CHANGE FORM

For Research Leading to a Doctoral Dissertation or Master's Thesis
Submit original to the Graduate School Office, Hovey 309. 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 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

Chair of committee: _____

Name _____ Dept./School _____

ISU Graduate faculty: full member associate member not a member

Co-chair: (if applicable) _____

Name _____ Dept./School _____

ISU Graduate faculty: full member associate member not a member

Committee Members:

Name _____ Dept./School _____

ISU Graduate faculty: full member associate member not a member

Name _____ Dept./School _____

ISU Graduate faculty: full member associate member not a member

Name _____ Dept./School _____

ISU Graduate faculty: full member associate member not a member

Original Member/s who will be Removed from Committee

Name _____ Dept./School _____

Name _____ Dept./School _____

Name _____ Dept./School _____

Member/s to be Added to Student's Committee

The following members have been appointed to serve on this committee and have approved the proposal. Their signatures here do not guarantee approval of the finished project.

Will a new member serve as committee chair or co-chair?

YES NO Name _____

Signature/s of new member/s required

Name _____ Dept./School _____
ISU Graduate faculty: full member associate member not a member

Name _____ Dept./School _____
ISU Graduate faculty: full member associate member not a member

Name _____ Dept./School _____
ISU Graduate faculty: full member associate member 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 any member of the committee does not meet the above criteria, complete the exception information below.

If the committee members proposed above do not meet all requirements listed above, 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.

Chairperson/School Director Name _____ Signature _____ Date _____

Graduate School _____ Date _____

The proposal is not approved until department/school, committee chair and student have received an approved copy via email. Incomplete forms will be returned without approval for completion and resubmission.