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**RECOMMENDATION FOR
DOCTORAL ADVISORY/DISSERTATION COMMITTEE REVISION**

Please submit to The Graduate School immediately when committee changes occur.

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

Email: _____ Phone Number: _____

Degree: _____ Major: _____

Please justify the following replacements, additions, or deletions that are recommended to The Graduate School for the doctoral advisory/dissertation committee of the above-named student:

The committee, revised as recommended, will now consist of the following graduate faculty members, who have agreed to assume this responsibility

Use Dropdown for Co-Chair

Graduate Faculty Status (Use Dropdown)

Chair's Signature: _____

Print Name: _____

: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Member's Signature: _____

Print Name: _____

Signature below endorses Chair as doctoral advisor and chair of dissertation committee

Department Head or
Graduate Program Director: _____ Date: _____

Approved: _____ Date: _____

Dean of The Graduate School

Email: Department Head or
Graduate Program Director

Committee Chair

Administrative Assistant
Student