COLLEGE OF HEALTH AND HUMAN SCIENCES
BYRDINE F. LEWIS SCHOOL OF NURSING
Ph.D. PROGRAM IN NURSING

CHANGE IN DOCTORAL COMMITTEE APPOINTMENTS

TO: _____ _____
Associate Director, Graduate Programs Date

FROM: _____
Doctoral Student

RE: (Check One) Change in: Doctoral Advisory Committee Appointments ☐
Change in: Dissertation Committee Appointments ☐

Student's Name: _____

Previous Committee	New Committee
_____ Major Advisor	_____ Major Advisor
_____ Committee Member	_____ Committee Member
_____ Committee Member	_____ Committee Member
_____ Committee Member	_____ Committee Member
_____ Committee Member	_____ Committee Member

Signatures below indicate approval of this new Doctoral Committee.

Major Advisor_____ Date_____

New Committee Member_____ Date_____

New Committee Member_____ Date_____

New Committee Member_____ Date_____

New Committee Member_____ Date_____

Associate Director,
Graduate Programs in Nursing_____ Date_____