REQUEST FOR RECONSTITUTION OF COMMITTEE MEMBERSHIP

Please complete this form and obtain the required signatures. All committee members must be notified of any changes. Curriculum vitae must accompany request for members that are not UC Merced faculty for approval by the Graduate Division Dean. Return this completed form along with any supporting documents to the Graduate Division (SSB 230) or email to gradservices@ucmerced.edu.

Student Name: _____ Student ID: _____
Last First Middle

Major: _____ Email: _____

Degree: ☐ MA ☐ MS ☐ MSPH ☐ PhD

Date: _____

Student Signature: _____

Request for change in (please check one): ☐ Qualifying Examination Committee ☐ Master's Thesis Committee ☐ Doctoral Dissertation Committee

Committee as it is presently:

Name (Print)	**Academic Title (Prof., Assoc Prof., etc)**	**Academic Unit**
_____(Chair)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

New committee you are requesting:

Name (Print)	**Academic Title (Prof., Assoc Prof., etc)**	**Academic Unit**
_____(Chair)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All committee members must be notified of the changes.
Please provide reason for the reconstitution (attach a separate sheet if needed). Curriculum vitae (CV) must be in English and attached for external members.

Graduate Advisor Signature: _____ Date: _____

Committee Chair Signature: _____ Date: _____

Graduate Group Chair Signature: _____ Date: _____

Graduate Division Use Only: ☐ Approve ☐ Denied

Signature: _____ _____
Graduate Division Dean Date

Revised 4/07/2026