



REQUEST FOR RECONSTITUTION OF COMMITTEE MEMBERSHIP

STUDENT

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.

Student Name: _____ Student ID: _____
Last First Middle

Address: _____ Phone: (____) _____

Major: _____ Email: _____

Degree: MA MS PhD

Student Signature: _____ Date: _____

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). Attach curriculum vitae (CV) for external members.

Graduate Advisor Signature: _____ Date: _____

Committee Chair Signature: _____ Date: _____

Graduate Group Chair Signature: _____ Date: _____

Graduate Division Use Only: Approve Denied

Signature: _____ Date: _____
Graduate Division Dean Date