

Georgia Southern University Jack N. Averitt College of Graduate Studies

Dissertation Committee Member Change Form

Student Name: _____
(Last) *(First)* *(Middle)*

Eagle ID# (Do Not Use SS#): 900 - ____ - _____

Degree/Major (Check One): Ed.D - Curriculum Studies Ed.D - Educational Administration

Doctoral Dissertation Committee Changes

The following Dissertation Committee member changes are recommended for the above named student:

Name of Committee Member(s) to be removed:

1. (Please Print) _____

2. (Please Print) _____

New Member(s) to be added:

Signature

1. (Please Print) _____

2. (Please Print) _____

Provide the complete mailing address for Non-GSU Faculty Committee Member(s):

Address: _____

Phone: _____ Email: _____

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Committee Chair: _____
Signature *Date*

Department/Program Recommendation: Accept Reject

Comments: _____

Program Coordinator: _____
Signature *Date*

Department Chair: _____
Signature *Date*

COE Associate Dean: _____
Signature *Date*

Forward Completed and Signed Form to the College of Graduate Studies for Final Approval

Approved Denied _____
Dean, College of Graduate Studies *Date*

Copies to: Committee Chair; Removed Member(s); Member(s) Added