

**Texas State University-San Marcos  
Graduate College**

**Ph.D. Dissertation Advisor/Committee Member  
Change Request Form**

*This completed form must be on file in the Office of the Graduate College no less than sixty days before the final oral comprehensive examination.*

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

I request that \_\_\_\_\_ be removed and be replaced by \_\_\_\_\_  
\_\_\_\_\_ as Ph.D. Advisor or Dissertation Committee Member (circle one).

\_\_\_\_\_  
Student Signature Date

I agree to serve as a Ph.D. Dissertation Advisor or Committee Member (circle one) for the student listed above. I am aware that I will not be reimbursed for any expenses I incur as part of this service.

\_\_\_\_\_  
Signature of new member named above Date

I approve the Ph.D. Research Advisor/Committee Member assignment.

\_\_\_\_\_  
Committee Chair/Dissertation Advisor signature Date

\_\_\_\_\_  
Ph.D. Program Director signature Date

\_\_\_\_\_  
Department Chair signature Date

\_\_\_\_\_  
Dean of the Graduate College signature Date