



BOWLING GREEN STATE UNIVERSITY
Graduate College

SAMPLE DISSERTATION COMMITTEE CHANGE FORM

First name: STUDENT FIRST NAME Last name: STUDENT LAST NAME BGSU ID: 1234567890

Field of Study: FIELD OF STUDY HERE Planned Graduation Date: December 2019

Reason for change: PROVIDE RATIONALE FOR CHANGE HERE

ORIGINAL COMMITTEE

Committee Chair: CHAIR NAME Member: MEMBER NAME

Member: MEMBER NAME Member: MEMBER NAME

Member: MEMBER NAME Grad Faculty Rep: GFR NAME
(change only with Grad College approval)

PROPOSED NEW COMMITTEE

Committee Chair: CHAIR NAME Member: MEMBER NAME

Member: MEMBER NAME Member: MEMBER NAME

Member: MEMBER NAME Grad Faculty Rep: GFR NAME
(change only with Grad College approval)

Committee Chair Approval: COMMITTEE CHAIR SIGNATURE HERE

The signature of the Committee Chair indicates that the above change has been approved and that the current / former members of the committee have been notified of this change.

Graduate Coordinator Approval: GRAD COORDINATOR SIGNATURE HERE

The signature of the graduate program coordinator indicates that appropriate policies and procedures have been followed.

Graduate College Approval: GRAD COLLEGE SIGNATURE HERE

The approval of the Graduate College indicates that the committee change has been approved as listed above. Any further changes to the title or committee must be approved by the Graduate College.
