ILLINOIS STATE
UNIVERSITY

Graduate School
209 Hovey Hall
Campus Box 4040
Normal, IL 61790-4040
Telephone: (309) 438-2583
www.grad.illinoisstate.edu

COMMITTEE CHANGE FORM

For Research Leading to a Doctoral Dissertation or Master's Thesis
Submit original to the Graduate School Office, Hovey 309. After review and approval in the Graduate School, copies will be returned via ISU email to the committee chair, the department/school, and to the student.

_____ _____ _____@ilstu.edu
Student's Name UID Student's ISU email

_____ _____
Department/School Degree Expected (e.g. M.A., M.S., Ph.D.)

Has student received Right to Defend from the Graduate School? ☐ Yes ☐ No
(No changes can be made to committee after the Right to Defend has been issued)

Original Members Who Will Remain on Student's Committee

Chair of committee: _____
Name Dept./School
ISU Graduate faculty: ☐ full member

Co-chair: (if applicable) _____
Name Dept./School
ISU Graduate faculty: ☐ full member ☐ associate member

Committee Members:

_____
Name Dept./School
ISU Graduate faculty: ☐ full member ☐ associate member ☐ not a member

_____
Name Dept./School
ISU Graduate faculty: ☐ full member ☐ associate member ☐ not a member

_____
Name Dept./School
ISU Graduate faculty: ☐ full member ☐ associate member ☐ not a member

Original Member/s who will be Removed from Committee

_____
Name Dept./School

_____
Name Dept./School

_____
Name Dept./School

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Member/s to be Added to Student's Committee

The following members have been appointed to serve on this committee and have approved the proposal. Their signatures here do not guarantee approval of the finished project.

Will a new member serve as committee chair or co-chair?

☐ YES ☐ NO Name _____

Signature/s of new member/s required

_____
Name Dept./School Signature
ISU Graduate faculty: ☐ full member ☐ associate member ☐ not a member

_____
Name Dept./School Signature
ISU Graduate faculty: ☐ full member ☐ associate member ☐ not a member

_____
Name Dept./School Signature
ISU Graduate faculty: ☐ full member ☐ associate member ☐ not a member

University regulations for committee
* All members of the ISU Graduate faculty
* At least one chair and a majority of all members hold full membership on ISU Graduate Faculty
* Majority of members come from the student's department/school

If any member of the committee does not meet the above criteria, complete the exception information below.

If the committee members proposed above do not meet all requirements listed above, indicate exception/s requested.

☐ chair not a full member
☐ majority not full members of ISU Graduate Faculty
☐ majority not from within the department/school
☐ includes a member not on the ISU graduate faculty (attach copy of outside member's vita)

Brief rationale for each exception sought:

Approvals for the Changes to This Committee

Department Chair/School Director or designee should not sign this form until IRB/IACUC/IBC approval has been obtained, if applicable.

_____
Chairperson/School Director Name Signature Date

_____
Graduate School Date

The proposal is not approved until department/school, committee chair and student have received an approved copy via email. Incomplete forms will be returned without approval for completion and resubmission.