

Molecular Medicine Ph.D. Program

Thesis Committee Member Change/Addition Form

Student Name: _____

Mentor: _____

Track: _____

New Committee Member

Name:	Email:		
Department:	Member of MMED Program:	Yes	No
Graduate School Membership Status:	Regular	Associate	None

Committee member to be removed (if applicable)

Name: _____

Provide reason for committee change(s):

Approval Signatures:

Track Leader: _____ Date: _____

Program Director: _____ Date: _____

NOTE: *If the change is made after the final committee form has been approved by the Graduate School, it is the responsibility of the student to notify the Graduate School of the new member.*