

Request to Change Committee Approval Form

Western Illinois University
School of Graduate Studies

We recommend the following change(s) in the exit option or dissertation committee for:

WIU ID No.:

Student's name (Last, First, Middle/Maiden):

Current Committee

Exit Option or Dissertation Chair:

Committee member:

Committee member:

Committee member (Dissertation only):

Recommended change(s)

Delete:

Add:

Delete:

Add:

Delete:

Add:

SIGNATURES

Student: _____ Date: _____

Exit Option or Dissertation Chair: _____ Date: _____

Department Chair: _____ Date: _____

Member added: _____ Date: _____

Member added: _____ Date: _____

College Dean/Assoc. Dean (Dissertation only): _____ Date: _____

Director of Graduate Studies: _____ Date: _____



Western Illinois University

School of Graduate Studies

1 University Circle

Macomb, IL USA 61455-1390

Phone (309)298-1806

www.wiu.edu/grad; Email: Grad-Office@wiu.edu

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