UMass Amherst | College of Education

Doctoral Form D-10

CHANGE OF COMMITTEE MEMBERSHIP

Please type (handwritten forms will not be accepted):

Student's Name	**Spire ID Number**
Local/Cell Phone Number	**Email Address**

Concentration: _____

I wish to change the composition of my committee which is **currently** composed of the following:

TYPE OF COMMITTEE:

- ☐ Guidance
- ☐ Comprehensive
- ☐ Dissertation

FULL NAME
_____ Committee Chair/Co-chair
_____ Committee Co-chair (optional)
_____ Committee Member
_____ Committee Member
_____ Committee Member (optional)

I wish to make the following change(s):

	FULL NAME	**SIGNATURE**	**DATE**
Drop:	_____	_____	_____
Add:	_____	_____	_____
Drop:	_____	_____	_____
Add:	_____	_____	_____

Please note the reason for change of committee:

Please continue to page 2

Approved:

FULL NAME	**SIGNATURE**	**DATE**
_____	_____	_____
Committee Chair/ Co-chair		
_____	_____	_____
Committee Co-chair (optional)		
_____	_____	_____
Student's Name		

Approved:

_____ _____

Dr. Nina Tissi-Gassoway, Graduate Program Director **Date**

The original form is to be filed with the Office of Academic Affairs (Furcolo Hall).