

CHANGE OF NOMINATIONS FOR DISSERTATION COMMITTEE
Department of Biostatistics

Instructions: Please type or print legibly. Return to the Department of Biostatistics, Building 2, Room 408 with appropriate signatures. You will receive a copy after the Department has reviewed it.

Name: _____ E-mail: _____

Dissertation Advisor: _____

Admit Date: ____/____

Expected Grad Date: ____/____

Members Dropped from the Dissertation Committee	
Name of Member (print)	Reason for Change

Members Accepting Nomination to the Dissertation Committee	
Name of Member (print)	Signature of Member
_____	_____
_____	_____

Required Signatures	
_____ Student	_____ Date
_____ Dissertation Advisor (Chair of Committee)	_____ Date
_____ Director of Graduate Studies	_____ Date

cc: Advisor
Student