

**CHANGE IN DOCTORAL COMMITTEE APPOINTMENTS FORM GEORGIA STATE UNIVERSITY
BYRDINE F. LEWIS COLLEGE OF NURSING AND HEALTH PROFESSIONS**

TO: _____
Doctoral Program Coordinator _____ Date _____

FROM: _____
Doctoral Student

RE: (Check One) Change in: Doctoral Advisory Committee Appointments
Change in: Dissertation Committee Appointments

Student's Name: _____

| <u>Previous Committee</u> | <u>New Committee</u> |
|---------------------------|---------------------------|
| _____ Major Advisor | _____ Major Advisor |
| _____ Committee Member | _____ Committee Member |
| _____ Committee Member | _____ Committee Member |
| _____ Committee Member | _____ Committee Member |
| _____ Committee Member | _____ Committee Member |

Signatures below indicate approval of this new Doctoral Committee.

| | |
|------------------------------------|------------|
| Major Advisor _____ | Date _____ |
| New Committee Member _____ | Date _____ |
| _____ | |
| New Committee Member _____ | Date _____ |
| _____ | |
| New Committee Member _____ | Date _____ |
| _____ | |
| New Committee Member _____ | Date _____ |
| _____ | |
| Doctoral Program Coordinator _____ | Date _____ |