



## Change in Supervisory Committee Form

Student Name:

Student QU ID:

Department:

Thesis/Dissertation Title :

Reason(s) for change:

### Requested change(s) in committee membership:

Please list the original member and the new membership along with each old and new member's role on the committee. Please include postal addresses for members outside Qatar University.

Former Committee Member	Role	New Committee Member	Role

### Former Committee Member's Sign-off (indicating awareness of the change)

Printed Name	Signature	Date

### If the changes discussed above reflect a change in External Reviewer, please complete the following:

The advisor recommends that

Dept/University

replace the current External Reviewer on the Thesis/Dissertation Committee.

### APPROVALS:

Signature and Date, Committee Chairperson

Signature and Date, Current External Reviewer

Signature and Date, Department Chair

Signature and Date, Associate Dean for Research & Graduate Studies

Request sent to new External Reviewer

Date

cc: Dissertation Chair, Office of Graduate Studies, Student