

OFFICE OF GRADUATE STUDIES AND RESEARCH

UNIVERSITY OF CALIFORNIA, SAN DIEGO

REQUEST FOR RECONSTITUTION OF COMMITTEE MEMBERSHIP

STUDENT NAME: _____ PID NUMBER: _____

DEPARTMENT/GROUP/SCHOOL: _____

DEGREE OBJECTIVE: MASTER'S _____ Ph.D. _____

CURRENT COMMITTEE:

TITLE	NAME (First, M.I., Last)	DEPARTMENT
_____	_____	Chair
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR THE REQUESTED CHANGE(S):

REQUESTED NEW COMMITTEE:

TITLE	NAME (First, M.I., Last)	DEPARTMENT
_____	_____	Chair
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I CONFIRM THAT ALL PARTIES HAVE BEEN NOTIFIED OF AND AGREED TO THE ABOVE CHANGES.

COMMITTEE CHAIR DATE

DEPARTMENT CHAIR DATE

SUBMIT THIS FORM TO OGSR 0003, NO LATER THAN 2 WEEKS PRIOR TO A QUALIFYING EXAM OR DEFENSE.