



**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