

### CHANGES TO MASTER'S THESIS OR DOCTORAL COMMITTEE

*A copy of the processed form will be sent via email to the student and department*

GRADUATE COUNCIL REGULATIONS: COMMITTEES must consist of at least three UC Academic Senate members, with a tenure-track faculty member from the student's major (home) department serving as chair or co-chair. At least two members of every master's thesis or doctoral committee must be tenure-track faculty. The majority of the three members shall be from the student's UCSB major (home) department. Recommendation of the appointment of additional members is at the discretion of the department.

Name: \_\_\_\_\_ Perm: \_\_\_\_\_ UCSB Email: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Committee Type:   Master's Thesis       Doctoral

*Student's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**COMPLETE ALL REQUESTED INFORMATION, noting the following:**

- Identify member type modification (e.g., Chair to Member, Chair to Co-Chair, etc.)
- Signatures are not required from members being removed

<b>Action</b> Add, Modify, Remove	<b>Member</b> Type/Modification	<b>Member Information</b> Name, Title, Dept. and/or Institution	<b>Member Signature</b> <small>*Signatures not required from members being removed</small>
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

**GRADUATE PROGRAM APPROVALS**

**Our signatures below indicate that we:**

- Acknowledge and approve these changes
- Have notified any members who are being removed from the committee
- Have verified that no conflict of interest exists involving new committee members. *In the event a conflict of interest does exist due to a faculty member having a financial interest (including employment or a consulting arrangement) in a private entity with which the above graduate student is involved, a new Conflict of Interest Form is included with this form.*

\_\_\_\_\_  
*Committee Chair* -type or print name                          *Signature*    Date

\_\_\_\_\_  
*Department Chair* - type or print name                          *Signature*    Date

**GRADUATE DIVISION APPROVAL**

Dean or Chair of Graduate Council: \_\_\_\_\_  
*Signature*    *Date*