# College of Graduate Studies 

Medical University of South Carolina

# THESIS/DISSERTATION ADVISORY COMMITTEE Member addition/replacement form 

## (Student Name)

with the approval of the Dissertation Advisory Committee is adding and / or removing one or more members of the Advisory Committee.

## Current Dissertation Advisory Committee

(print name - signature not required)

| Name | Dept | Name | Dept |
| :---: | :---: | :---: | :---: |
| Name | Dept | Name | Dept |
| Name | Dept | Name | Dept |

The following committee member(s) are being removed.

Name $\qquad$ Dept $\qquad$ Name $\qquad$ Dept $\qquad$
Name $\qquad$ Dept $\qquad$ Name $\qquad$ Dept $\qquad$

The following committee member(s) are being added. (Printed name and signature required)

| Name_______ Signature__ |
| :--- | :--- |
| Sameture__ |
| Signature, Chair Dissertation Advisory Committee |

Signature, Co-Chair (if applicable)

Signature Graduate Program Coordinator

Signature, Dean, College of Graduate Studies
The Dissertation Advisory Committee shall consist of at least five members, three from the student's major program and two from outside the program. All members of the committee shall be members of the graduate faculty. The chairman must be a full member of Graduate Faculty.

