## 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.		
<b>Current Dissertati</b> ( <b>print name</b> – signatu		nittee		
Name	Dept	Name	Dept	
Name	Dept	Name	Dept	
Name	Dept	Name	Dept	
The following con	nmittee member(s)	are being removed.		
Name	Dept	Name	Dept	
Name	Dept	Name	Dept	
The following con		C	nted name and signature required)	
Name		Date	Dept	
Signature, Chair Disse	ertation Advisory Con	Date:		
Signature, Co-Chair (if applicable)		Date:		
Signature Graduate Pr	rogram Coordinator	Date:		
Signature, Dean, Colles	ze of Graduate Studies	Date:		

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