

OFFICE OF GRADUATE STUDIES

250 Mrazk Hall • One Shields Ave.
Davis, CA 95616
(530) 752-0650
ucdavis.gradstudies.edu

Reconstitution of Committee Membership Request

Student Name: _____ UC Davis Student ID #: _____

Program: _____ Degree Objective: _____

E-mail: _____ Phone: _____

Student's Signature: _____ Date: _____

COMMITTEE TO BE RECONSTITUTED



Please provide a clear statement of the changes requested and the reasons for the changes:

COMMITTEE AS IT IS PRESENTLY CONSTITUTED

TITLE	NAME (First, Middle, Last)	HOME DEPARTMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW COMMITTEE YOU ARE REQUESTING

TITLE	NAME (First, Middle, Last)	HOME DEPARTMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete **BOTH** pages of this form.

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Supporting statement from **GRADUATE PROGRAM ADVISER** (this section must be completed in order for the form to be processed):

GRADUATE PROGRAM ADVISER CERTIFICATION

I certify that **all parties** have been notified of, and have agreed to, the above changes.

Graduate Program Adviser's Signature: _____ Date: _____

Print Graduate Program Adviser's Name: _____

GRADUATE STUDIES SECTION

Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____