

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: \_\_\_\_\_ Degree: \_\_\_\_\_  
UMail: \_\_\_\_\_ Committee Type:      Master’s Thesis      Doctoral

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

- If UC emerita/us, include month and year of retirement or *if recall professor, include payroll title code and contract dates*
- Identify member type modification (e.g., Chair to Member, Chair to Co-Chair, etc.)

<b>Action Add, Modify, Remove</b>	<b>Member Type/Modification</b>	<b>Member Information Name, Title, Dept. and/or Institution</b>	<b>Member Signature</b>
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

**GRADUATE PROGRAM APPROVALS**

Our signatures below indicate that we:

- Acknowledge and approve these changes
- 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