



## Research Committee Member Change Request

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Major: \_\_\_\_\_

Change Committee Member from:

Name: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Change Committee Member to:

Name: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Reason for change of Committee Member?

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I acknowledge that I have informed members of this change request.

This change request is approved by:

\_\_\_\_\_  
Component Leader

\_\_\_\_\_  
Date

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any incorrect information.

This form was last revised in January 2024.

**TWU Graduate School**

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