

OFFICE OF GRADUATE STUDIES AND RESEARCH

UNIVERSITY OF CALIFORNIA, SAN DIEGO

**REQUEST FOR RECONSTITUTION OF COMMITTEE MEMBERSHIP**

STUDENT NAME: \_\_\_\_\_ PID NUMBER: \_\_\_\_\_

DEPARTMENT/GROUP/SCHOOL: \_\_\_\_\_

DEGREE OBJECTIVE: MASTER'S \_\_\_\_\_ Ph.D. \_\_\_\_\_

**CURRENT COMMITTEE:**

TITLE	NAME (First, M.I., Last)	DEPARTMENT
_____	_____	Chair
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REASON FOR THE REQUESTED CHANGE(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTED NEW COMMITTEE:**

TITLE	NAME (First, M.I., Last)	DEPARTMENT
_____	_____	Chair
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I CONFIRM THAT ALL PARTIES HAVE BEEN NOTIFIED OF AND AGREED TO THE ABOVE CHANGES.

\_\_\_\_\_  
COMMITTEE CHAIR                      DATE

\_\_\_\_\_  
DEPARTMENT CHAIR                      DATE

SUBMIT THIS FORM TO OGSR 0003, NO LATER THAN 2 WEEKS PRIOR TO A QUALIFYING EXAM OR DEFENSE.