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**REQUEST FOR CHANGE OF DISSERTATION COMMITTEE**

**Return form to Wharton Doctoral Programs Office 430 SHDH**

Name: Penn ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for request:

**Add Member(s):**

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_Department:­\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_Department:­\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remove Member(s):**

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_Department:­\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_Department:­\_\_\_\_\_\_\_\_\_\_\_\_\_

**Change Member Role(s):**

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_Department:­\_\_\_\_\_\_\_\_\_\_\_\_\_

*Current Role* (Circle one): Supervisor, Chair, Committee Member

*Change to* (Circle one): Supervisor, Chair, Committee Member

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_Department:­\_\_\_\_\_\_\_\_\_\_\_\_\_

*Current Role* (Circle one): Supervisor, Chair, Committee Member

*Change to* (Circle one): Supervisor, Chair, Committee Member

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Supervisor Recommendation (Circle one): Approve / Deny

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Name of Supervisor Signature Date

Vice Dean Decision (Circle one): Approve / Deny

Signature of Doctoral Programs Vice Dean/ Date

12/6/2017