



DOCTORAL PROGRAMS

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

Supervisor Recommendation (Circle one): Approve / Deny

Name of Supervisor Signature Date

Vice Dean Decision (Circle one): Approve / Deny

Signature of Doctoral Programs Vice Dean/ Date