



School of Conflict Management,
Peacebuilding and Development

Request for Change in Dissertation Committee Membership

Student Name _____
Email _____

KSU ID _____
Phone Number _____

Current Committee

Dissertation Chair Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Proposed Committee

Dissertation Chair Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Committee Member Signature / Date

Print Name

Signatures

Program Director

Date