



Seidenberg School of Computer  
Science and Information Systems

**Ph.D. in Computer Science**

Goldstein Academic Center  
861 Bedford Road  
Pleasantville, NY 10570

## Change in Advisor or Committee Member Approval Form

**Please complete and return form to the Program Coordinator. The department chair must approve all changes.**

Student Name \_\_\_\_\_ Student ID# U \_\_\_\_\_

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

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Faculty member to be added:

Faculty member to be removed:

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

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Justification:

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**To be completed for changes in committee. Signatures needed for all committee members.**

I have been requested by the candidate and hereby agree to serve on the dissertation committee and will be present at the defense.

Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Date Processed \_\_\_\_\_ By \_\_\_\_\_