

**DEPARTMENT OF FAMILY THERAPY**

**Dissertation/Applied Clinical Project: Committee Change Form**

Name: \_\_\_\_\_ NSU ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for change: \_\_\_\_\_

<b>Change Committee <u>Chair</u></b>		
Previous Committee Chair: _____	_____	_____
	Print Name	Signature
New Committee Chair: _____	_____	_____
	Print Name	Signature

<b>Change Committee <u>Member</u></b>		
Previous/Remove Committee Member: _____	_____	_____
	Print Name	Signature
New/Add Committee Member: _____	_____	_____
	Print Name	Signature
Previous/Remove Committee Member: _____	_____	_____
	Print Name	Signature
New/Add Committee Member: _____	_____	_____
	Print Name	Signature
<b>The above change(s) was approved by the current/new committee chair, as indicated below.</b>		
<b>Approved:</b> _____	_____	Date: _____
	Current/New Committee Chair	Signature

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Program Director Signature

**Submit the completed, signed form to the DFT Program Coordinator.**

cc: Student  
Student File