

Change of Dissertation Adviser or Reading Committee Member



Stanford University

Please address questions concerning this form and submit the completed form to your home department.

Student Information:

Last or Family Name	First	Middle
_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Stanford Student Number (8 digits, first digit is 0)	Department Name	Email Address
Title of Dissertation	Expected Date for Dissertation Submission	

Dissertation Adviser or Reading Committee Composition: enter all members; signatures required only for added members.

<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change:	Current Adviser or New Adviser if change is being made (print name)	Department
	Signature (required for addition)	Email Address (required for addition)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change:	Former Adviser (if applicable; print name)	Department
	Signature (required for addition)	Email address (required for addition)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change:	Co-Adviser (if applicable; print name)	Department
	Signature (required for addition)	Email address (required for addition)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change:	Reader (print name)	Department
	Signature (required for addition)	Email address (required for addition)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change:	Reader (print name)	Department
	Signature (required for addition)	Email address (required for addition)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change:	Reader (print name)	Department
	Signature (required for addition)	Email address (required for addition)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> No Change:	Reader (if applicable; print name)	Department
	Signature (required for addition)	Email address (required for addition)

Signatures and Approvals

Signature of Department Chair	Date
Signature of Student	Date
Name of Departmental Administrator	Date of Access input