

Request for Committee Substitution at the Preliminary or Final Oral Exam

I. STUDENT INFORMATION:

Student Name: _____ (Last) _____ (First) _____ (ISU ID#)
 Department: _____ Major: _____
 Degree: _____

II. COMMITTEE MEMBER INFORMATION:

- Briefly state the reason or justification for the substitution in the space provided below.
- After obtaining signatures submit the completed request to the Graduate College, 1137 Pearson, well in advance of the change.

CHANGES MUST BE APPROVED BY THE GRADUATE DEAN BEFORE AN ORAL EXAM IS HELD.

Reason or justification for change: (Must be completed)

Committee Member Name	Major/Program	Department
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Substitute Committee Member
 Committee Member Unable to
 Attend Exam

Has the preliminary oral been scheduled (Ph.D. only)?	No	Yes	Date of Oral:
Has the final oral exam been scheduled?	No	Yes	Date of Oral:

III. APPROVALS:

Include typed or printed names and signatures

Major Professor(s): _____
 Substitute Committee Member: _____
 Committee Member Unable to Attend: _____
 (Signature(s) not required if on FIL, retired or resigned.)

IV. SIGNATURES:

Include typed or printed names and signatures

(OFFICE USE ONLY)	Student:	Date:
	_____	_____
	Recommended by Major DOGE:	Date: _____
	_____	_____
	Recommended by Co-Major DOGE (if any):	Date: _____
	_____	_____
	Recommended by Minor DOGE (if any):	Date: _____
	_____	_____
Month and Year		

Copy: Department Major Co-Major Minor

