

Syracuse University
School of Information Studies
Doctoral Form #4
Committee Members

Student's Name: _____

I request that the following persons be appointed to serve on my committee. Each has consented to do so

I request that the following persons be removed from my committee

My committee will then consist of:

Signed:

Student	Date
Advisor	Date
Program Coordinator	Date

This information has been recorded in the PhD program records.

Only the original is needed. The office will make and distribute all necessary copies. Original to student's file, copies to all committee members (whether added or removed), advisor and student.