



University of Pittsburgh

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REQUEST FOR A CHANGE IN DOCTORAL DISSERTATION COMMITTEE

Student Name: _____ Peoplesoft #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Department: _____ Pitt Email: _____

Major Advisor(s): _____

Requested Change(s) in Dissertation Committee:

Reasons for Change(s):

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

RETURN TO 5141 SENNONTT SQUARE WITH ALL RELEVANT PAPERWORK