

**SCHOOL OF EDUCATION AND HEALTH SCIENCES
PH.D. PROGRAM
Petition for Selection of New Doctoral Committee Member(s)**

Doctoral Candidate _____
Date

Concentration

To Be Completed **PRIOR** to Obtaining Signatures

Committee Member(s) involved in the change:

To Be Replaced

To Be Added

Rationale for Change:

Signature of Committee Member(s)
Being Replaced (if possible)

Signature of New Member(s)

Approved:

Chairperson

Date

Coordinator

Date

RETURN COMPLETED FORM TO: Office of Doctoral Studies, Fitz Hall, Room 651, +2963 or email to
epearl@udayton.edu