

Surname: Given N		Name(s):		
Department:	Email	: ID #:		

Student's wishing to replace a member of their PhD Advisory Committee must complete this form. The supervisor(s) along with the original committee member will appoint a person to replace the original member. The replacement will read the thesis and attend the examination as a full committee member.

Reason for replacement:

Driginal member's name	Original member's signature		Date	Date	
Replacement's name pprovals: the supervisor(s), Associate C tudies verify and agree to the above cha	Replacement's signature nair of Graduate Studies, and Associate Dean of		Date n of Engineering		
Candidate's supervisor signature (1)	Date	Candidate's supervisor s	ignature (2)	Date	
Associate Chair, Graduate Studies	Date	_			
Associate Dean, Engineering Graduate	Date	_			

Studies