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UCLA GRADUATE DIVISION Graduate Admissions/Student and Academic Affairs

RECOMMENDATION FOR:

- **RECONSTITUTION OF DOCTORAL COMMITTEE** ☐ *
- **RECONSTITUTION OF CERTIFYING MEMBERS** ☐ #
- **CHANGE IN FINAL ORAL EXAMINATION REQUIREMENT** ☐ #

Please type or print legibly. Read the regulations on page 2 of this form before completing it.

Please use the "TAB" key to move between fields. Do not use the "Enter" key.

SEND TO: Graduate Admission/Student and Academic Affairs
1255 Murphy Hall

FROM: School/Department /Interdepartmental Program of _____

_____ _____
Student U.I.D. Number *Last name* *First name* *Middle name*

Local Address: _____
Number and Street *City* *State* *Zip Code*

Major: _____ Degree _____

I. REPLACE PROFESSOR(S) WITH PROFESSOR(S)

Signature**	Typed Name		Signature	Typed Name
_____	_____	/	_____	_____
_____	_____	/	_____	_____
_____	_____	/	_____	_____

II. If approved, the committee will be as follows:

Typed names of committee members	Department
_____, **Chair**	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. Certifying Member — Signatures of ALL committee members indicating approval of change in Certifying Members

☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____

IV. As indicated by the signatures below, the committee UNANIMOUSLY agrees that the Final Oral Examination is:

Required ☐ Not Required ☐

_____ _____ _____

_____ _____ _____
Committee Chair

_____ _____

Signature of departmental chair or authorized faculty departmental graduate advisor **Date**

IMPORTANT NOTES:

* Signature of the Department Chair is required.

\# Signature of the Department Chair is not required.

** Signature of professors who are not in residence are not required.