



**Department of Human Development, Family Studies, & Counseling  
Doctoral Advisory Committee Membership Change Request**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TWU E-mail:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Program:**  Child Development & Early Education  
 Family Studies       Family Therapy

**Remove Member:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Remove Member:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Add Member:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Add Member:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept. Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Students should consult their major component's handbook for information on committee membership requirements.

*In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.*

Revised March 2021

**Department of Human Development, Family Studies, & Counseling**

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