



**Department of Human Development, Family Studies, & Counseling
Master's Advisory Committee Membership Change Request**

Student Name: _____ **Date:** _____

TWU E-mail: _____ **Student ID:** _____

Program: Counseling & Development Child Development Child Life
 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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