

**University of Houston Communication Sciences and Disorders  
Curriculum Planning Committee Change Form**

*(Attach the previously completed form along with the change form when requesting signatures)*

Student Name \_\_\_\_\_ PSID \_\_\_\_\_

It is requested that the following changes be made to the curriculum planning committee of the student named above:

<b>Committee Member</b>	<b>Added</b>	<b>Removed</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PhD Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date