



TEXAS WOMAN'S UNIVERSITY

Department of Family Sciences
Master's Advisory Committee Membership Change Request

Student Name: _____ Date: _____

TWU E-mail: _____ Student ID: _____

- Program: [] Counseling & Development [] Early Childhood Development & 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 2018

Department of Family Sciences