

**UNIVERSITY OF CINCINNATI
DEPARTMENT OF CHEMISTRY
Research Committee Membership**

(Student Name)

(Date)

Research Committee Membership

I request the following faculty members be considered for my research committee. I understand my research advisor(s) will also be a member of my research committee, but should not be listed below.

	Name	Dept (if not Chem)	Rationale for selection
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Committee Changes

I request the following **permanent** change to my research committee membership. Such changes can only be requested prior to admission to candidacy.

ADD

Name	Faculty Signature	Rationale for addition
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REMOVE

Name	Faculty Signature	Rationale for removal
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To be completed by Graduate Program Director of Advising and Department Head

_____ committee membership includes: _____ (Advisor)
 (Student Name) (MS/PhD)

(Signature of Graduate Program Director of Advising)

(Date)

(Signature of Department Head)

(Date)