

## Submission Instructions

Please complete this form and send to:

- Dissertation Students: [dissertation.online@rockies.edu](mailto:dissertation.online@rockies.edu) or fax to 888.331.0568 or e-sign
- Applied Doctoral Project Students: [doctoral.project@rockies.edu](mailto:doctoral.project@rockies.edu) or fax to 888.331.0568 or e-sign

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Request to Change

Chairperson: \_\_\_\_\_

Committee Member: \_\_\_\_\_

## Reason for Requested Change

Provide a short explanation of why you are requesting this change:

## Student Authorization

By signing this form I fully understand that this request to change my Chairperson or Committee Member may have an impact on the timeline for completion of my Dissertation or Applied Doctoral Project, and I am prepared to accept responsibility for any delay that may be associated with said change per my request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You have provided your consent to receive documents from Ashford University in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of this Catalog.*

If the Current Chair or Committee Member has not signed below, please explain why signature cannot be obtained:

## Office Use Only

Current Chair/Committee Member: \_\_\_\_\_

Current Chair/Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Chair/Committee Member: \_\_\_\_\_

New Chair/Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Decision:  Approved  Denied

Dean of Doctoral Programs Signature: \_\_\_\_\_ Date: \_\_\_\_\_