



# CHANGE OF GRADUATE ADVISORY COMMITTEE

TO: College of Graduate Studies  
Designee

\_\_\_\_\_  
Signature

College Dean or \_\_\_\_\_  
Director of Doctoral Studies:

\_\_\_\_\_  
Signature

Department Chair: \_\_\_\_\_

\_\_\_\_\_  
Signature

Student Name: \_\_\_\_\_  
T# \_\_\_\_\_

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

REASON:

REMOVE	ADD	TYPE NAME OF COMMITTEE MEMBER	CHECK CHAIR OR CO-CHAIR
		_____	_____ Signature

Signatures are required for all individuals listed on this form. Signatures of the chairperson or cochairpersons are required **unless** they have already signed above.

Type names of final revised Committee below:

- \_\_\_\_\_ Chair
- \_\_\_\_\_ Member

\_\_\_\_\_  
Approved by Current Chair Signature

\_\_\_\_\_  
Approved by Current Co-Chair Signature