



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
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature

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

Type names of final revised Committee below:

- _____ Chair
- _____ Member
- _____ Member
- _____ Member
- _____ Member
- _____ Member

Approved by Current Chair Signature

Approved by Current Co-Chair Signature