

CHANGE OF GRADUATE ADVISORY COMMITTEE

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

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	
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
				Signature
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
				Signature
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
				Signature
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
				Signature
<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
				Signature
<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
				Signature
<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
				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

Member

Member

Member

Member

Approved by Current Chair Signature

Approved by Current Co-Chair Signature