

## 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
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ Signature
		_____	_____ 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	_____ Approved by Current Chair Signature
_____	Member	
_____	Member	_____ Approved by Current Co-Chair Signature
_____	Member	
_____	Member	
_____	Member	