

Change of Graduate Advisory Committee

Student Name: _____ T-Number: _____

Date of Request: _____ Student Signature: _____
Student's Signature

Approved by College Dean or Director of Doctoral Studies:

Dean's Signature

Approved by Department Chair:

Dept. Chair's Signature

REASON:

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

Signatures are required for all individuals listed above. Signatures of the committee chair and co-chair (if applicable) are required below unless they have already signed above.

List all members of revised committee below:

	_____ Signature of current chair
Chair	
Co-Chair/Member	_____ Signature of current co-chair (if appl.)
Member	
Member	
Member	
Member	
Member	_____ <i>College of Graduate Studies Processor</i>