



REQUEST FOR CHANGE OF ADVISORY COMMITTEE

College of Arts & Sciences, Graduate Office

Date: _____

University ID Number: _____

Major Department: _____

Full Name: _____

Major: _____

Minor: _____

Dissertation Title: _____

Please provide name(s) of committee member(s) to be **removed** from the Advisory Committee.

Reason(s) for change(s):

Please provide name(s) of **new** committee member(s).

Name	Discipline	Signature

Approved _____
Director of Graduate Studies or
Chairperson of Major Department

Date: _____

Approved _____
Dean, College of Arts and Sciences,
Graduate Office

Date: _____