

Change of Advisor and/or Committee Member

Tech ID			Date	
Name				
	Last		First	Middle Initial
Address				
	Street/PO Box		City	State Zip
Phone	E-mail			
In which program as	re you currently enrolled?			
committee member(s)			Complete this section if you wish to complete the section if you wish to comp	
Present Advisor			advisory committe. Present Graduate Committee	
Required Signature	Da	nte		
Proposed Advisor			Proposed Graduate Committ	ee
Required Signature	Da	nte		
			Approval	
Approved			Advisor Signature	Date
Department Gradua	nte Coordinator Date		Graduate Dean	Date

After the Graduate Coordinator signs this form, please submit to the College of Graduate Studies and Research.

