



**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: \_\_\_\_\_