

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
School of Graduate Studies
PETITION FOR CHANGE IN GRADUATE SUPERVISORY COMMITTEE

Name: _____ SID# _____

Address: _____ Phone: _____

Department/Program: _____ Degree: _____

Committee members to be deleted:
(Initials indicate notification of change)

(initials)

(initials)

(initials)

Committee members to be added:
(Initials indicate acceptance of change)

(initials)

(initials)

(initials)

New Committee:

_____ Chair
_____ Advisor (if different)

Reason for change: _____

Signatures:

Student: _____ Date _____

Advisor: _____ Date _____

Department Chair: _____ Date _____

Interim Dean, Graduate Studies: _____ Date _____

Distribution: Department
Student