

Petition for Change in Graduate Supervisory Committee

Name:			SID No. A:	
Print or type	name			
Address:			Phone No.:	
Department/Program:			Degree:	
Committee members to be deleted: (Initials indicate notification of change)			tee members to be ndicate acceptance	
Print full name	Initials	Print full r	name	Initials
Print full name	 Initials	Print full r	name	Initials
Print full name	Initials	Print full r	name	Initials
New Committee:				
		Chair		
	A	Advisor (if different	: from Chair)	
		Committee Membe	ers	
Reason for change:				
Signatures:				
Children's Circumstance	Data	Print or two acts	udant name	
Student Signature	Date	Print or type stu	ident name	
Advisor Signature	Date	Print or type ad	visor name	
Department Chair Signature	Date	Print or type de	partment chair name	
Graduate Dean	 Date	Print or type ar	aduate dean name	
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