



The Graduate School

Change of Advisory Committee

The purpose of this form is to make a change to the members on your advisory committee.

Name: _____ NSHE ID #: _____

Graduate Program: _____ Degree: _____

Phone Number: _____

REMOVE:

Name	Signature	Date

ADD:

Name	Signature	Date

Signatures of approval

Student's Signature _____ Name _____ Date _____

Major Advisor's/Committee Chair Signature _____ Name _____ Date _____

Graduate Program Director's Signature _____ Name _____ Date _____

Graduate School Dean's Signature _____ Date _____

For office use only

Approved _____

Denied _____ Evaluator _____ Date _____