



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