

GRADUATE SUPERVISORY COMMITTEE REVISION

(Form fields must be typed.)

Student Name: _____ Email: _____

EMPLID: _____ Department: _____

Academic Plan/Major: _____ Date: _____

Masters

Doctoral

Original Committee Members (Type names)	Revised Committee Members (Type names) Each NEW member must also sign below.	Department/Major	Graduate Faculty Status (yes or no)
(Co)Major Professor(s):	(Co)Major Professor(s):		
Member:	Member:		
Member:	Member:		
University Representative: <i>(doctoral committees only)</i>	University Representative:		
Member: (optional)	Member: (optional)		

Student Signature: _____ Date: _____

Signatures Required:

Major Professor: _____ Date: _____

Department Chair: _____ Date: _____