

Student Information:

STUDENT LAST NAME	STUDENT FIRST NAME	M.I.	BANNER ID (93#)	DEGREE PROGRAM
STUDENT SIGNATURE		DATE		

Please identify your current committee members, with their affiliations:

I request approval for change(s) in my advisory committee, as indicated below.

_____ Change of Advisor(s)

_____ Change of Committee Member(s)

Reasons for Requested Change – Select All That Apply:

_____ Adding a co-advisor

_____ Planning to bypass (M.S.)

_____ Change in research focus

_____ Retirement of faculty member

_____ Change in funding

_____ Other (explain below)

Student Should Initiate
Form in DocuSign

Change of Advisor(s) – Please Remove:		
FORMER ADVISOR NAME	FORMER ADVISOR SIGNATURE	DATE
FORMER CO-ADVISOR NAME	FORMER CO-ADVISOR SIGNATURE	DATE
Change of Advisor(s) – Please Add:		
NEW ADVISOR NAME	NEW ADVISOR SIGNATURE	DATE
NEW CO-ADVISOR NAME	NEW CO-ADVISOR SIGNATURE	DATE

Change of Committee Member(s) – Please Remove:		
FORMER COMMITTEE MEMBER NAME	SIGNATURE	DATE
FORMER COMMITTEE MEMBER NAME	SIGNATURE	DATE

Change of Committee Member(s) – Please Add:		
NEW COMMITTEE MEMBER NAME	SIGNATURE	DATE
NEW COMMITTEE MEMBER NAME	SIGNATURE	DATE

External Committee Member – Please Add:	
NAME	EMAIL ADDRESS
POSITION OR TITLE	
NAME OF INSTITUTION OR ORGANIZATION	
MAILING ADDRESS	
SIGNATURE	DATE

The external committee member is also required to upload a current curriculum vitae or resume.

Action of Associate Dean for Academic Affairs:	
NAME	
SIGNATURE	DATE
IF DENIED, REASON:	