

Date _____

Request To Change Supervisory Committee

Name _____

Last

First

Middle

U of U ID# _____

Please type/print names of CURRENT COMMITTEE:

Chair _____ Department _____

Member _____ Department _____

Member _____ Department _____

Member _____ Department _____

Member _____ Department _____

Please type/print names of PROPOSED COMMITTEE:

Chair _____ Signature _____ Department _____

Member _____ Signature _____ Department _____

Member _____ Signature _____ Department _____

Member _____ Signature _____ Department _____

Member _____ Signature _____ Department _____

Justification for change:

Approved by Chair of Supervisory Committee:

_____ Date _____

RETURN TO THE PHD OFFICE

Entered into GTS Date:
