CHANGE OF SUPERVISORY COMMITTEE

*You cannot change your committee in the semester you receive a degree!

M.S. or Ph.D. (circle one)

Student Name: _____ UFID: _____
Last First M.I.

Reason for Change: _____
_____
_____

PRESENT COMMITTEE
(You must have signatures and printed names)

_____
Chairperson: **Signature**

_____
Chairperson: **Printed**

_____
Co-Chair: **Signature**

_____
Co-Chair : **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
External Member: **Signature**

_____
External Member: **Printed**

NEW COMMITTEE
(You must have signatures and printed names of new members)

_____
Chairperson: **Signature**

_____
Chairperson: **Printed**

_____
Co-Chair: **Signature**

_____
Co-Chair: **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
Member: **Signature**

_____
Member: **Printed**

_____
Member: **Signature**

_____
Member **Printed**

_____
External Member: **Signature**

_____
External Member: **Printed**

APPROVED:

Program Director Signed:_____ Date:_____

Department Chair Signed:_____ Date:_____