PhD Supervisory Committee Change Form



Name:	Date of Approval:
UNID:	
Degree : Doctorate of Philosophy	
Student Signature:	Date:
Committee Chair Name:	Date:
Signature:	
Committee Member Name:	Date:
Signature:	
Committee Member Name:	Date:
Signature:	
Committee Member Name:	Date:
Signature:	
Committee Member Name:	Date:
Signature:	
Director of Graduate Studies/Department Chair Name:	Date:
Signature:	
Reason for Change:	