Original - Dean's Office
Copy - Department
Copy - Student

REQUEST TO CHANGE SUPERVISORY COMMITTEE PERSONNEL

Master of Engineering Degree

Date_____

This form is to be completed by the student and submitted to the Department Chair/Graduate Advisor

Name_____
Last First Middle

Local Address_____
Street City State Zip

Student ID # _____Phone _____

Major_____Department_____

CURRENT PERSONNEL:

Committee Chair _____
Type Name

Member _____
Type Name

Member _____
Type Name

PROPOSED PERSONNEL:

Committee Chair _____
Type Name

Member _____
Type Name

Member _____
Type Name

Justification for Change: _____

_____

Approved by Chair of Supervisory Committee:

_____

Department Approval:

_____of_____ _____
Dept Chair/Graduate Advisor Department Date

Dean's Office Approval:

_____ _____
Associate Dean for Academic Affairs Date

11/05