

**EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

Application for Change in Graduate Advisory Committee

TO: Associate Dean, School of Graduate Studies

FROM: _____
Student's Name (please type or print) Student ID#

DATE: _____

I hereby request the following change in advisory committee membership.

A. Committee Chair

from: _____
Type or Print Name Signature

to: _____
Type or Print Name Signature

B. Committee Membership

from: _____
Type or Print Name Signature

to: _____
Type or Print Name Signature

from: _____
Type or Print Name Signature

to: _____
Type or Print Name Signature

from: _____
Type or Print Name Signature

to: _____
Type or Print Name Signature

The change is requested for the following reason(s):

Student's Signature: _____ Date

Approved: _____ Denied: _____

Department Chair or Graduate Coordinator: _____
Signature Date

Associate Dean, School of Graduate Studies: _____
Signature Date