

**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) E#

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