

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

Application for Change in Graduate Advisory Committee

Date _____

To: Assistant Dean, School of Graduate Studies

From: Student Name (Type or print) _____ E _____

I hereby request the following change in advisory committee membership.

A. Committee Chair:

From: (Type or print name) _____ **Signature:** _____

To: (Type or print name) _____ E _____ Faculty Status: _____ **Signature:** _____

B. Committee Membership:

From: (Type or print name) _____ **Signature:** _____

To: (Type or print name) _____ E _____ Faculty Status: _____ **Signature:** _____

From: (Type or print name) _____ **Signature:** _____

To: (Type or print name) _____ E _____ Faculty Status: _____ **Signature:** _____

From: (Type or print name) _____ **Signature:** _____

To: (Type or print name) _____ E _____ Faculty Status: _____ **Signature:** _____

This change is requested for the following reasons:

Student Signature: _____ Date: _____

Approved Denied

Department Chair or Graduate Coordinator: _____ Date: _____

Assistant Dean, School of Graduate Studies: _____ Date: _____