



REQUEST TO CHANGE SUPERVISORY COMMITTEE

STUDENT: \_\_\_\_\_

UID#: \_\_\_\_\_ Degree: \_\_\_\_\_

**CURRENT COMMITTEE**

Chair: \_\_\_\_\_

Member 1: \_\_\_\_\_

Member 2: \_\_\_\_\_

Member 3: \_\_\_\_\_

Member 4: \_\_\_\_\_

**PROPOSED COMMITTEE**

Chair: \_\_\_\_\_ Signature: \_\_\_\_\_

Member 1: \_\_\_\_\_ Signature: \_\_\_\_\_

Member 2: \_\_\_\_\_ Signature: \_\_\_\_\_

Member 3: \_\_\_\_\_ Signature: \_\_\_\_\_

Member 4: \_\_\_\_\_ Signature: \_\_\_\_\_

**Justification for change:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Chair Signature(s): (obtain approval from both current and proposed Chair if changing advisor)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Graduate Studies Signature:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this completed form to the  
Biomedical Engineering Graduate Academic Advisor • 3100 SMBB**