



Office of Graduate Studies
 212 Koch Hall
 Norfolk, VA 23529
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**Request for Change In Ph.D.
 Advisory Committee**

REQUEST:

I hereby request the following Advisory Committee to be established for

_____ (Student's name) _____ (UIN)

who is enrolled in the _____ program.
 (Title of degree program)

CURRENT COMMITTEE	PROPOSED COMMITTEE
Print _____	Signature _____
Chair	Chair
_____	_____
_____	_____
_____	_____

 Signature of Current Advisory Committee Chair (Date)

 Signature of Proposed Advisory Committee Chair (Date)

I concur with the above changes in the Advisory Committee.

 Signature of Student (Date)

APPROVAL:

 Graduate Program Director (Date)

 Department Chair (Date)

 Dean College (Date)