

CHANGE OF COMMITTEE/ADVISOR REQUEST

Use this form to change the membership of your graduate committee if you have a plan of study that has met final Graduate School approval. All committee members must sign this form prior to submission.

Last/Family Name

First/Given Name

Middle Name

Last 4 digits of VT ID:

E-mail Address:

@vt.edu account, preferred

Current Program:

Degree Level

Doctoral

Education Specialist

Master's

Campus

Blacksburg Hampton Roads National Capital Region Richmond
Roanoke Southwest Virginia Virtual

Signatures of all dropped, added, and unchanged members are required. Please indicate the action to be taken for each committee member.

Action Code: D = Drop, A = Add, U = Unchanged

ACTION
CODE

COMMITTEE CHAIRPERSON Signature	Printed Name	Last 4 digits of VT ID Number	Date (MM/DD/YY)
COMMITTEE CO-CHAIRPERSON Signature	Printed Name	Last 4 digits of VT ID Number	Date (MM/DD/YY)
COMMITTEE MEMBER Signature	Printed Name	Last 4 digits of VT ID Number	Date (MM/DD/YY)
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COMMITTEE MEMBER Signature	Printed Name	Last 4 digits of VT ID Number	Date (MM/DD/YY)
COMMITTEE MEMBER Signature	Printed Name	Last 4 digits of VT ID Number	Date (MM/DD/YY)

STUDENT Signature

Date (MM/DD/YY)

DEPARTMENT HEAD Signature
or authorized GRADUATE PROGRAM DIRECTOR

Date (MM/DD/YY)

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) Signature

Date (MM/DD/YY)

GRADUATE SCHOOL Signature

Date (MM/DD/YY)

Submit your completed form:

<http://gs.vt.edu/forms>

120 Graduate Life Center, Blacksburg
VT ICAB1, 3625 Potomac Ave, Alexandria
For assistance, call 540-231-8636 or
email grads@vt.edu

CHANGE OF COMMITTEE/ADVISOR ADDITIONAL SIGNATURES (AS NEEDED ONLY)

Use this page for additional committee member signatures, as needed.

Student Last/Family Name	Student First/Given Name	Student Middle Name

Last 4 digits of VT ID: _____

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**ACTION
CODE**

	COMMITTEE MEMBER Signature	Printed Name	Last 4 digits of VT ID Number	Date (MM/DD/YY)
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