

Appointment of Supervisory Committee Change Request

INSTRUCTIONS: Use this form to make changes to your Supervisory Committee, including adding and removing members. **The form must be returned to advisingforms@mse.ufl.edu.** Once received, this form will be routed by our office to your committee members for their signature.

Student Name: _____ **UFID #:** _____

Program (Materials or Nuclear): _____ **Degree (Ph.D. or Master's):** _____

Current Supervisory Committee

	Name	Remove Member? YES or NO
Chair		
Co-Chair (if applicable)		
Member		
Member		
Member (if applicable)		
Member (if applicable)		
External Member		
Special Member (if applicable)		
Minor Member (if applicable)		

New Supervisory Committee

By signing, you consent to serve as a member of the above student's committee in the capacity indicated as specified by the UF graduate school.

	Name	Email	Signature of Member(s)
Chair			
Co-Chair (if applicable)			
Member			
Member			
Member (if applicable)			
Member (if applicable)			
External Member			
Special Member (if applicable)			
Minor Member (if applicable)			