UNIVERSITY OF SOUTH FLORIDA CHANGES TO THE GRADUATE STUDENT SUPERVISORY COMMITTEE

Please type or print all information, except where noted for signature.

Part I. STUDENT AND DEGREE INFORMATION

Name

Tall 1,51 ODENT AND DEGREE INFORMATION									
Name		USF ID#	-	E-mail Address					
Street Address		City		State, Zip					
College		Department		Dept. Mail Code & Tel #					
Graduate Program		Entered Degree Program (e.g. Fall 2000)		Degree Sought					

Signature of Approval

Dept. (abbreviate)

Date Signed

Part II. CHANGES TO ORIGINAL COMMITTEE (add additional forms if necessary)

Action Taken

A CV must be attached or on file in Graduate Studies for any non-USF faculty and for (Co-)Major Professor(s) of Ph.D./Ed.D. committees. List each member being added, removed, or whose status has changed. Members added and the (Co-)Major Professor(s) must sign.

Status

Name	ACHOII TAKCII	Status		Signature	oi Approvai	Dept. (abbleviate)	Date Signed
	Select action	Select new s	status				
	Select action	Select new s	status				
	Select action	Select new s	status				
	Select action	Select new s	status				
	Select action	Select new s	status				
Part III. REASON FOR CHANGE:	Part IV. A	PPROVALS					
(REQUIRED):				Name	Signature o	of Approval	Date Signed
(REQUIRED).	☐ Major Profes ☐ Co-Major Pro	sor ofessor					
	☐ Major Profes ☐ Co-Major Pro	ofessor					
	Department Chair (or Program Director for						
	Interdisciplinar Only						
	College Assoc						