

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 the academic assistant** Please print your committee members names and obtain all needed signatures from any members being removed. then email the form.

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

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

Current Supervisory Committee

	Name	Remove Member? YES or NO	Signature of Removed Member(s) ONLY
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)			