Ph.D. CHANGE IN GUIDANCE COMMITTEE MEMBERSHIP

(Prior To Setting Up GradPlan)
Department of Chemistry

TO: Chemistry Associate Chair for Education

FROM: _____ _____ _____

Student's Name (First/Last) *Signature* *Student Number (PID)*

The following change(s) are recommended to the student's Guidance Committee Membership:

A. Recommended Change: _____

_____

_____

_____

B. Reason for Recommended Change: _____

_____

_____

_____

Current Guidance Committee:

Advisor	*Signature and date*
Second Reader	*Signature and Date*
	Signature and Date
	Signature and Date
	Signature and Date

New Guidance Committee (if applicable):

Advisor	*Signature and date*
Second Reader	*Signature and Date*
	Signature and Date
	Signature and Date
	Signature and Date

Approved: _____ _____

Associate Chair for Education *Date*

_____ _____

College of Natural Sciences Dean *Date*

c: Advisor
Dean
Student