

GRADUATE SCHOOL
1005 Campus Delivery
Fort Collins, Colorado 80523-1005

Petition for Committee Member Changes

Student's Name _____

CSU I.D. Number _____

Program Code _____

Degree Sought _____

Department _____

COMMITTEE MEMBER/OUTSIDE COMMITTEE MEMBER CHANGES

(If signatures for deletions cannot be obtained, list the reason next to the printed name)

DELETE

ADD

Printed Name and Signature (**Required**)

Printed Name and CSU I.D. Number

Department

Department

Designated Outside Member: Yes No

Designated Outside Member: Yes No

Printed Name and Signature (**Required**)

Printed Name and CSU I.D. Number

Department

Department

Designated Outside Member: Yes No

Designated Outside Member: Yes No

CO-ADVISOR CHANGES

(If signatures for deletions cannot be obtained, type the reason next to the printed name)

DELETE

ADD

Printed Name and Signature (**Required**)

Printed Name and Signature (**Required**)

Department

CSU I.D. Number

Department

ADVISOR CHANGES

(If signatures for deletions cannot be obtained, type the reason next to the printed name)

DELETE

ADD

Printed Name and Signature (**Required**)

Printed Name and Signature (**Required**)

Department

CSU I.D. Number

Department

Advisor Signature Date

Student Signature Date

Department Head Signature Date

Graduate School Approval Date