

**Request for Supervisory Committee Member Change**

The University of Texas Graduate School of Biomedical Sciences at Galveston

**Student's Name:** \_\_\_\_\_ **Current Graduate Program:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Date for Change to Become Effective:** \_\_\_\_\_

**Rationale for Request for Supervisory Committee Change(s):**

I. I wish to change my **Mentor** from:

to

II. I wish to change the **Chairperson** of my supervisory committee from:

to

III. I wish to change my **Supervisory Committee member** from:

to

IV. I wish to change my **Supervisory Committee member** from:

to

V. The members of my supervisory committee **will now be:**

_____	_____
_____	_____
_____	_____

Signature: Current or New Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

Signature: Program Director \_\_\_\_\_ Date: \_\_\_\_\_

Completed by GSBS:

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Associate Dean for Student Affairs