



### Change of Student Supervisor/Committee Member

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Degree: \_\_\_\_\_ Program: \_\_\_\_\_

Date Program Started: \_\_\_\_\_

Name of Current Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Proposed Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Current Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Proposed Committee Member: \_\_\_\_\_ Signature: \_\_\_\_\_

**Supervisor's Signature required below for change in committee member:**

Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

All individuals involved have been notified of the changes. *Please do not submit this form without checking this box.*

Please outline the reason for this change:

