

Changes to Guidance Committee Report

Name: _____

PID: _____

Change in plan of study (courses):

REMOVE COURSES (*course number and name; faculty instructor; semester; major or minor field, core, or elective course*):

ADD COURSES:

Other changes in plan of study (changes in field, planned comprehensive exam schedule, or any other significant change):

Changes in Guidance Committee membership:

REMOVE MEMBER(S):

ADD MEMBER(S):

Student Signature & Date: _____

Date

Changes to Guidance Committee Report

Name: _____

PID: _____

APPROVALS

Committee Chairperson:

(Print name) (Signature) (Date)

Committee Members:

(Print name) (Signature) (Date)

(Print name) (Signature) (Date)

(Print name) (Signature) (Date)

(Print name) (Signature) (Date)

Director of Graduate Studies:

(Print name) (Signature) (Date)