

## Supervisory Committee Revision

Student Name:

Student Number:

Current Address:

Degree Sought:

If Master's: Plan A \_\_\_ Plan B\_\_\_ Plan C\_\_\_

### New Committee

\_\_\_\_\_  
Major Professor Name

\_\_\_\_\_  
Major Professor Signature

\_\_\_\_\_  
Committee Member Name

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Committee Member Name

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Committee Member Name

\_\_\_\_\_  
Committee Member Signature

### Old Committee

\_\_\_\_\_  
Major Professor Name

\_\_\_\_\_  
Major Professor Signature

\_\_\_\_\_  
Committee Member Name

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Committee Member Name

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Committee Member Signature

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Committee Member Name

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Committee Member Signature