



Change of Graduate Advisor and/or Committee
Department of Veterinary Clinical Sciences

Student:	Date:
Major: Biomedical and Veterinary Medical Sciences	Minor:

I wish to make the following change(s) in my Advisory Committee. Those members of the current faculty who are involved in the requested change(s) have noted their agreement by signing their name(s) in the appropriate column.

	CURRENT COMMITTEE	NEW COMMITTEE
Advisor		
Committee Member		
Committee Member		
Committee Member		
Committee Member		

Date _____ Date _____

REASON FOR REQUESTED CHANGE:

Approval:

 Graduate Advisor

 Date