



COE GRADUATE SUPERVISORY COMMITTEE REVISION

(This form is only required if an approved Program of Study is on file with
 The Office of Academic Services and Intern Support)

Last: _____ First: _____ MI: _____

FSUSN: _____ Department: _____

Major: _____ Date: _____

Masters Specialist Doctoral

ORIGINAL COMMITTEE MEMBERS (Please print names)	REVISED COMMITTEE MEMBERS (Each new member must sign below)	DEPARTMENT / MAJOR	MEMBER'S FACULTY STATUS	
			MASTER'S	DOCTORAL
1. MAJOR PROFESSOR:	1. MAJOR PROFESSOR:			
2. MEMBER:	2. MEMBER:			
3. MEMBER:	3. MEMBER:			
4. MEMBER:	4. MEMBER:			
5. MEMBER:	5. MEMBER:			

SIGNATURES REQUIRED:

MAJOR PROFESSOR: _____ DATE _____

DEPARTMENT CHAIR : _____ DATE _____

APPROVED BY ACADEMIC DEAN _____ DATE _____