THE UNIVERSITY OF UTAH GRADUATE SCHOOL

PROGRAM:		
	REQUEST TO CHANGE SUPERVISORY COMMITTEE PERSONNEL	
STUDENT: _	ID#	
CURRENT P	PERSONNEL: (PRINT NAMES)	
(CHAIR)		
PROPOSED	PERSONNEL: (PRINT NAMES)	
(CHAIR)		
JUSTIFICAT	TION FOR CHANGE:	
APPROVED BEING CHA	BY CHAIR OF SUPERVISORY COMMITTEE (OF NEW COMMITTEE IF CHAIR INGED:	S
	Date:	
APPROVED	BY DIRECTOR OF PROGRAM:	
	Date:	