



THE UNIVERSITY OF UTAH

**DEPARTMENT OF
GEOLOGY & GEOPHYSICS**

REQUEST TO CHANGE SUPERVISORY COMMITTEE

Complete, secure signatures, and submit to GG Grad Advisor (gg-grad-forms@utah.edu)

Name _____ Email _____

UNID _____ Program MS PhD Date _____

Current Committee:

Chair _____

Member _____

Member _____

Member _____

Member _____

Proposed Committee:

Chair _____ Position/Job Title _____

Dept/Org _____ Signature _____

Member _____ Position/Job Title _____

Dept/Org _____ Signature _____

Member _____ Position/Job Title _____

Dept/Org _____ Signature _____

Member _____ Position/Job Title _____

Dept/Org _____ Signature _____

Member _____ Position/Job Title _____

Dept/Org _____ Signature _____

Reason for change

Director of Grad Studies _____ Date _____