

**GRADUATE SUPERVISORY COMMITTEE APPOINTMENT or CHANGE FORM**

**Instructions:** If a committee member is changing, you need to secure the out-going faculty member's signature, the incoming faculty member's signature and the signature of your chair and co-chair. If the chair or the co-chair is changing, you must secure all the committee members signatures and the out-going and incoming chairs signatures.

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

ASU ID No.	Last Name, First Name	Date
Degree: <input type="checkbox"/> Master's <input type="checkbox"/> Doctor of Philosophy		
Program: <input type="checkbox"/> AMLSS <input type="checkbox"/> ESS <input type="checkbox"/> GH                  Anthro: <input type="checkbox"/> Arch <input type="checkbox"/> BA <input type="checkbox"/> EA <input type="checkbox"/> SC		
Reason for submitting the form: <input type="checkbox"/> Initial Committee Appointment <input type="checkbox"/> Committee Change		
<i>If this is a committee change, please provide a brief statement about why are changing your committee:</i>		

**COMMITTEE INFORMATION**

Name (please type)	Status	Signature	Date
Chair/Co-Chair	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> No change		
Chair/Co-Chair	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> No change		
Member	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> No change		
Member	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> No change		
Additional Member	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> No change		
Additional Member	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> No change		
<b>Committee Chair</b>		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>
By signing below you verify that this committee matches this student's research interests and training needs.			
Signature: _____		Date: _____	
<b>Approach Head</b>		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>
Signature: _____		Date: _____	
<b>Graduate Director</b>		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>
Signature: _____		Date: _____	

Please submit form to shesc.grad@asu.edu.

*If you cannot get the signature of the faculty in person, you may attach an email approval to this form.*