



Please fill out this form completely – it is part of your official file. Incomplete forms will be returned.

Action requested: _____ New Committee _____ Committee Change

Student's name: _____

UFID: _____

Date: _____

REQUIRED COMMITTEE MEMBERS:

Chair: _____

Signature*: _____

Member: _____

Signature*: _____

OPTIONAL/ADDITIONAL COMMITTEE MEMBERS:

(use this area to list committee members replacing anyone being removed above)

New Member: _____

Signature*: _____

UFID Number (if from outside the College of the Arts) _____

Is this member replacing someone? ___ No ___ Yes – who? _____

**In lieu of a signature, an e-mail affirming approval from the faculty member may be attached to this form.*

Office use only:

Committee logged in GIMS: _____