



Application for Change in Graduate Advisory Committee

Date:

To: DNP Graduate Coordinator

From: Student Name:

E or T #:

I hereby request the following change in advisory committee membership.

A. Committee Chair:

From: Signature: _____

To: E: Signature: _____

B. Committee Member:

From: Signature: _____

To: E: Signature: _____

From: Signature: _____

To: E: Signature: _____

From: Signature: _____

To: E: Signature: _____

This changes above are requested for the following reasons:

Student Signature
 Approve Denied

Date

Department Chair or Graduate Coordinator Signature

Date