

INDIANA UNIVERSITY GRADUATE SCHOOL

REQUEST FOR CHANGE OF ADVISORY COMMITTEE MEMBER(S)
(Please Type)

Name of Student Univ ID
Department **Medical & Molecular Genetics** Birth Date
Major **Medical & Molecular Genetics** Minor(s)

Name(s) of committee member(s) to be deleted:

Reason(s) for the requested change(s):

Information pertaining to the new member(s):

NAME	SIGNATURE	DEPARTMENT	UNIV ID (required)
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Signature/Departmental Chairperson _____ Date _____

Approved/Associate Dean
University Graduate School _____ Date _____