

North Carolina State University
The Graduate School

ADVISORY COMMITTEE MODIFICATION

Replacement, Substitution, Addition, Deletion, or Chg of Status *of Committee Member*

To: Dean of The Graduate School

From: Program Director: _____
Director's name/Program name

Student Information:

Name: _____ ID Number: _____

Degree/Program: _____ Signature: _____

Member to Be Replaced, Substituted for, Deleted, or have Status Changed:

Name/Program/Role (please type or print) Signature /Date (or attach letter/email)

If Substitution, duration: oral final; other

Reason (if 'other', specify duration; if 'Status Change', specify how):

Replacement, Substitution, or Additional Member:

Name/ (please type or print) Graduate Faculty Status (Full or Assoc)

Program/Institution/Proposed Role _____

Signature (or attach letter/email) Date

DGP Signature/Date: _____

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Approved for the Graduate School by: _____
Signature/Date