North Carolina State University
The Graduate School

ADVISORY COMMITTEE MODIFICATION

☐ Replacement, ☐ Substitution, ☐ Addition, or ☐ Deletion ***of Committee Member***

Use only if change is needed after the Preliminary Exam

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, or Deleted:

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

If Substitution, duration: ☐ oral final; ☐ other

Reason (specify duration if 'other'):

Replacement, Substitution, or Additional Member:

_____ _____
Name/ (please type or print) Grad Faculty Status/Program/Institution

_____ _____
Signature (or attach letter/email) Date

DGP Signature/Date: _____

Approved for the Graduate School by: _____
Signature/Date

Revised 4/6/2009