

Department of Epidemiology PhD Program
Request For Supervisory Committee Member Change

Student Name: _____ UF ID: _____

Date of Request: _____ Effective Date of Change: _____

I request to change my Supervisory Committee Chair
from _____ to _____.

I request to change my Supervisory Committee Co-Chair
from _____ to _____.

I request to change my Supervisory Committee Member
from _____ to _____.

I request to change my Supervisory Committee External Member
from _____ to _____.

I request to change my Supervisory Committee Additional Member
from _____ to _____.

I request the addition of _____ to my Supervisory Committee.

Rationale for Request for Supervisory Committee Change: _____

The members of my Supervisory Committee will now be:

Chair: _____ Department _____ UF ID: _____

Co-Chair _____ Department _____ UF ID: _____

Member: _____ Department _____ UF ID: _____

Member: _____ Department _____ UF ID: _____

External Member: _____ Department _____ UF ID: _____

Additional Member: _____ Department _____ UF ID: _____

Signature: Current or New Chairperson _____ Date: _____

Signature: New Committee Member _____ Date: _____

Signature: Department Chair _____ Date: _____

Signature: Program Director _____ Date: _____