

PETITION FOR COMMITTEE REVISION

Culminating Experience Supervising Committee

FORM MUST BE TYPED

Official Degree Title as Listed in the University Bulletin:

Master of
 Doctor of _____ Major _____
Concentration or emphasis (if applicable) _____

Name _____ Student ID _____
Address _____ Phone _____
City/State/Zip _____ Email _____

REASON FOR COMMITTEE REVISION:

PREVIOUS SUPERVISING COMMITTEE:

- Type name, rank and department of ALL members of your previous committee.
- Obtain signature of any member being removed from committee.
 - If a member being removed is on leave or no longer employed by SFSU, the department chair or graduate coordinator should sign instead.

Committee Chair	Rank and Department	Signature (as needed)
2 nd Member	Rank and Department	Signature (as needed)
3 rd Member	Rank and Department	Signature (as needed)

NEW SUPERVISING COMMITTEE:

- Type name, rank and department of ALL members of the new committee.
- **ALL SIGNATURES REQUIRED**, even from those who were on the previous committee.

Committee Chair	Rank and Department	Signature
2 nd Member	Rank and Department	Signature
3 rd Member	Rank and Department	Signature

Department Chair/Graduate Coordinator: I have reviewed the composition of the supervising committee and find it acceptable.

SIGNATURE	TYPE/ PRINT NAME AND TITLE	DATE
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Accepted by Division of Graduate Studies: _____ Date: _____