San Francisco State University – Division of Graduate Studies (gradstudies@sfsu.edu) 415-338-2234

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

Accepted by Division of Graduate Studies: _____ Date: _____