



Request to Change Graduate Program Committee

Student Name	<input style="width: 95%;" type="text"/>	Department	<input style="width: 95%;" type="text"/>
URI ID	<input style="width: 95%;" type="text"/>	Program	<input style="width: 95%;" type="text"/>
Preferred E-mail	<input style="width: 95%;" type="text"/>	Specialization (if applicable)	<input style="width: 95%;" type="text"/>
Student Phone #	<input style="width: 95%;" type="text"/>		

Student: I would like to request a change in my graduate program committee. Please see the Graduate School Manual Section [8.42.2](#) (Masters) and Section [8.43.2](#) (Ph.D.). After electronically signing, please save the form in the following format URIID_Lastname_Firstname_CIC.pdf (ex:1002xxx34_Smith_John_CIC.pdf) and send as an attachment to the first member of the program committee. Please also fill in the names of the new and former committee members in the appropriate boxes.

Student

The following are the members of the newly constituted committee. After receiving the form, the major professor then sends the signed form as an attachment to the next faculty member, and so on. By signing electronically, the faculty members indicate their willingness to serve on this graduate program committee and also indicate their support for this change.

				GS USE ONLY	
Major Professor	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>	Department <input style="width: 95%;" type="text"/>	<input type="checkbox"/>
Co-major Professor (if appropriate)	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>	Department <input style="width: 95%;" type="text"/>	<input type="checkbox"/>
Inside Member	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>	Department <input style="width: 95%;" type="text"/>	<input type="checkbox"/>
Outside Member	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>	Department <input style="width: 95%;" type="text"/>	<input type="checkbox"/>
Additional Member (if desired)	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>	Department <input style="width: 95%;" type="text"/>	<input type="checkbox"/>
Additional Member (if desired)	<input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%;" type="text"/>	Department <input style="width: 95%;" type="text"/>	<input type="checkbox"/>

The former committee members who are exiting this committee have indicated their approval below.

Former Member Signature Department

Former Member Signature Department

This form must be submitted for approval by the Dept Chair/ Graduate Director. After electronically signing the form, please save and send as an attachment to the Graduate School at gradforms@etal.uri.edu as an attachment. Please write CIC in the subject line of the e-mail.

Department Chair/Graduate Director

Graduate School Use Only

Graduate School

Approved Not Approved

Notes