

# Change of Supervisory Committee

For the Doctoral Degree | Office of Graduate Studies | University of Nebraska-Lincoln



## INSTRUCTIONS

Committee chairs: Use this form to notify the Office of Graduate Studies of any committee member changes.  
Submit completed form with original signatures, not a photocopy.

## STUDENT AND PROGRAM

First Name \_\_\_\_\_ NUID Number \_\_\_\_\_

Last Name \_\_\_\_\_ Campus Email \_\_\_\_\_@huskers.unl.edu

Degree  Ph.D. Major \_\_\_\_\_  
 Au.D. \_\_\_\_\_  
 D.M.A. Specialization \_\_\_\_\_  
 D.P.H. \_\_\_\_\_  
 Ed.D. Minor \_\_\_\_\_

## REVISED SUPERVISORY COMMITTEE

List all members of the supervisory committee established by this change. (Typed names, not signatures.)

	<u>Professor's Name</u>	<u>Reader</u>	<u>Campus Email Address</u> (____@unl.edu or equivalent)
Chair	_____	N/A	_____
Co-Chair (leave blank if none)	_____	N/A	_____
Member	_____	<input type="checkbox"/>	_____
Member	_____	<input type="checkbox"/>	_____
Member	_____	<input type="checkbox"/>	_____
Outside Representative	_____	<input type="checkbox"/>	_____

Readers: Check two boxes above to identify two committee members, exclusive of chairs, who will serve as readers.

## APPROVALS

Current/Prior Chair (if still at UNL) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

New Committee Chair (if changing) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Departmental Graduate Program Chair \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 2023/02 by OGS/EP