

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 2026/03 by OGS/JC