



The Graduate School
degreesandcertificates@montana.edu
 Graduate Committee Revision Form

Student ID # _____

Last Name First Name Middle Initial Email

Department Degree in Degree Title

This form is used to revise a graduate student's committee that was previously approved on the *Graduate Program of Study & Committee Form*. Committees may change as faculty change or as a student's research emphasis shifts. Committees should not be changed simply to accommodate short term scheduling issues. **Please list all original members in the left column and all members of the revised committee in the right column. Any committee members being added, no longer serving, or changing roles signs in the *Committee Member Approval(s)* section.**

Original Committee Member(s):

1. _____
 Name (Chair)

E-Mail

2. _____
 Name

E-Mail

3. _____
 Name

E-Mail

4. _____
 Name

E-Mail

5. _____
 Name

E-Mail

Revised Committee Member(s):

1. _____
 Name (Chair)

E-Mail

2. _____
 Name

E-Mail

3. _____
 Name

E-Mail

4. _____
 Name

E-Mail

5. _____
 Name

E-Mail

Committee Member Approval(s): *Any committee member being added, no longer serving, or changing roles signs in this section.*

_____	_____	<input type="checkbox"/> Added	<input type="checkbox"/> No Longer Serving	<input type="checkbox"/> Role Change
Committee Member Name (Printed)	Committee Member Signature			
_____	_____	<input type="checkbox"/> Added	<input type="checkbox"/> No Longer Serving	<input type="checkbox"/> Role Change
Committee Member Name (Printed)	Committee Member Signature			
_____	_____	<input type="checkbox"/> Added	<input type="checkbox"/> No Longer Serving	<input type="checkbox"/> Role Change
Committee Member Name (Printed)	Committee Member Signature			
_____	_____	<input type="checkbox"/> Added	<input type="checkbox"/> No Longer Serving	<input type="checkbox"/> Role Change
Committee Member Name (Printed)	Committee Member Signature			
_____	_____	<input type="checkbox"/> Added	<input type="checkbox"/> No Longer Serving	<input type="checkbox"/> Role Change
Committee Member Name (Printed)	Committee Member Signature			

Required Approval:

_____	_____	_____	_____
Student Signature	Date	Committee Chair Signature	Date
_____	_____	_____	_____
Department Head Signature	Date	The Graduate School	Date