

Change of Supervisory Committee Form

Department of Biomedical Engineering

Name: _____ UFID: _____

Expected Graduation Date: _____ Term Effective: _____

Type of Committee (check one): Doctor of Philosophy / Masters Thesis / Masters Non-Thesis

Current Supervisory Committee

	Name	Remove Member?	Signature of Removed Member(s)
BME Chair		YES NO	
Co-Chair (if applicable)		YES NO	
Member		YES NO	
Member		YES NO	
External Member		YES NO	
Minor Rep (if applicable)		YES NO	

New Supervisory Committee

	Name	New Member UFID	Signature of New Member(s)
BME Chair			
Co-Chair (if applicable)			
Member			
Member			
External Member			
Minor Rep (if applicable)			

Note: It is the student's responsibility to check their BME Guidelines to ensure that modifications of committee results in a makeup that still meets outlined requirements. By signing below, the student validates they have checked these guidelines.

Student Signature: _____ Date: _____

Committee Chair Signature: _____ Date: _____

Graduate Coordinator: _____ Date: _____