

APPENDIX VII

CON INTERNAL FORM USE ONLY

EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Application for Change in Graduate Advisory Committee

Date_____

To: DNP Graduate Coordinator

From: Student Name (Type or Print)_____ E#_____

I hearby request the following change in advisory committee membership.

A. Committee chair:

From: (Type name or print)_____ Signature:_____

To: (Type name or print)_____ E#_____ Signature:_____

B. Committee Membership:

From: (Type name or print)_____ Signature:_____

To: (Type name or print)_____ E#_____ Signature:_____

From: (Type name or print)_____ Signature:_____

To: (Type name or print)_____ E#_____ Signature:_____

From: (Type name or print)_____ Signature:_____

To: (Type name or print)_____ E#_____ Signature:_____

This change is requested for the following reasons:

Student signature:_____ Date:_____

Approved Denied

Department Chair or Graduate Coordinator:_____ Date:_____