



**THE FLORIDA STATE UNIVERSITY**

**COLLEGE OF EDUCATION**

*Office of Academic Services and Intern Support*

**COE GRADUATE SUPERVISORY COMMITTEE REVISION**

(This form is required only if approved Program of Study is on file with OASIS. *Form fields must be typed.*)

**Student Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMPLID:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Academic Plan/Major:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Masters

Specialist

Doctoral

Original Committee Members (Type names)	Revised Committee Members (Type names) <b>Each NEW member must also sign below.</b>	Department/Major	Graduate Faculty Status (yes or no)
<b>(Co)Major Professor(s):</b>	<b>(Co)Major Professor(s):</b>		
<b>Member:</b>	<b>Member:</b>		
<b>Member:</b>	<b>Member:</b>		
<b>University Representative: (doctoral committees only)</b>	<b>University Representative:</b>		
<b>Member: (optional)</b>	<b>Member: (optional)</b>		

**Signatures Required:**

**Major Professor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Submit Completed Form to OASIS Graduate Director**