

FORM 3

**CHANGE OF COMMITTEE OR ADVISER**

DEPARTMENT OF LABOR STUDIES AND EMPLOYMENT RELATIONS

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Phone

(A) \_\_\_\_\_ Change adviser from \_\_\_\_\_ to \_\_\_\_\_

(B) \_\_\_\_\_ Change advisory committee membership:

**DROP**

the following members

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADD**

the following members

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures below confirm approval of all parties, including all former, continuing, and new committee members.

\_\_\_\_\_  
Current Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Date

*Please return form to the Graduate Staff Assistant*