

North Carolina State University  
The Graduate School

**ADVISORY COMMITTEE MODIFICATION**

Replacement,  Substitution,  Addition,  Deletion, or  Chg of Status *of Committee Member*

**To:** Dean of The Graduate School

**From:** Program Director: \_\_\_\_\_  
Director's name/Program name

***Student Information:***

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Degree/Program: \_\_\_\_\_ Signature: \_\_\_\_\_

***Member to Be Replaced, Substituted for, Deleted, or have Status Changed:***

\_\_\_\_\_  
Name/Program/Role (please type or print)      Signature /Date (or attach letter/email)

If Substitution, duration:  oral final;  other

Reason (if 'other', specify duration; if 'Status Change', specify how):

***Replacement, Substitution, or Additional Member:***

\_\_\_\_\_  
Name/ (please type or print)      Graduate Faculty Status (Full or Assoc)

Program/Institution/Proposed Role \_\_\_\_\_

\_\_\_\_\_  
Signature (or attach letter/email)      Date

***DGP Signature/Date:*** \_\_\_\_\_

.....  
***Approved for the Graduate School by:*** \_\_\_\_\_  
Signature/Date