

**COLLEGE OF WILLIAM AND MARY**  
SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

**REQUEST FOR A CHANGE IN ADVISORY COMMITTEE AND/OR DEPARTMENT**

I REQUEST APPROVAL FOR CHANGE(S) IN MY ADVISORY COMMITTEE OR DEPARTMENT DECLARATION, AS INDICATED BELOW.

FIRST NAME	LAST NAME	DEGREE PROGRAM	BANNER ID
DEPARTMENT		STUDENT SIGNATURE	DATE

**CHANGE OF DEPARTMENT DECLARATION**     **Yes**     **No**

CURRENT DEPARTMENT	REQUESTED DEPARTMENT
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<b>THESIS/DISSERTATION TOPIC :</b>	<input type="radio"/> <b>REMAINS UNCHANGED</b>	<input type="radio"/> <b>HAS CHANGED TO:</b>
NEW THESIS/DISSERTATION TOPIC:		

**CHANGE OF ADVISOR(S)**     **Yes**     **No**

FORMER ADVISOR NAME	FORMER ADVISOR SIGNATURE	DATE
FORMER CO-ADVISOR NAME (IF APPLICABLE)	FORMER CO-ADVISOR SIGNATURE (IF APPLICABLE)	DATE
NEW ADVISOR NAME	NEW ADVISOR SIGNATURE	DATE
NEW CO-ADVISOR NAME (IF APPLICABLE)	NEW CO-ADVISOR SIGNATURE (IF APPLICABLE)	DATE

**CHANGE OF COMMITTEE MEMBER(S)**     **Yes**     **No**

**PLEASE REMOVE THE FOLLOWING MEMBERS FROM MY ADVISORY COMMITTEE:**

FORMER COMMITTEE MEMBER NAME	FORMER COMMITTEE MEMBER SIGNATURE	DATE
FORMER COMMITTEE MEMBER NAME	FORMER COMMITTEE MEMBER SIGNATURE	DATE

**PLEASE ADD THE FOLLOWING MEMBERS TO MY ADVISORY COMMITTEE:**

NEW COMMITTEE MEMBER NAME	NEW COMMITTEE MEMBER SIGNATURE	DATE
NEW COMMITTEE MEMBER NAME	NEW COMMITTEE MEMBER SIGNATURE	DATE

<b>IF NEW COMMITTEE MEMBER IS EXTERNAL TO VIMS, PLEASE PROVIDE A CURRICULUM VITA WITH THIS REQUEST FORM.</b>	
EXTERNAL MEMBER INFORMATION – FULL NAME	AFFILIATION
MAILING ADDRESS	

**PLEASE RETURN THIS FORM TO THE VIMS/SMS REGISTRAR IN WATERMEN'S HALL, ROOM 253**  
OR SUBMIT ELECTRONICALLY TO [REGISTRAR@VIMS.EDU](mailto:REGISTRAR@VIMS.EDU).

**ACTION OF ASSOCIATE DEAN OF ACADEMIC STUDIES**     **APPROVED**     **DENIED**

SIGNATURE	DATE
IF DENIED, REASON:	

OFFICE USE ONLY:    DATE RECEIVED: \_\_\_\_\_    PROCESSED BY: \_\_\_\_\_     MILESTONES     BANNER     NOTIFY STUDENT: \_\_\_\_\_