

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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THESIS/DISSERTATION TOPIC : **REMAINS UNCHANGED** **HAS CHANGED TO:**

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

IF NEW COMMITTEE MEMBER IS EXTERNAL TO VIMS, PLEASE PROVIDE A CURRICULUM VITA WITH THIS REQUEST FORM.

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.

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: _____