

**COLLEGE OF EDUCATION, HEALTH, AND HUMAN SCIENCES
GRADUATE STUDENT SUPERVISORY COMMITTEE REVISION FORM**

*Form fields must be typed.
Authenticated digital signatures are required.*

Student Name: _____ FSU Email: _____

EMPLID: _____ Department/Program: _____

Academic Plan/Major: _____ Date: _____

Masters

Specialist

Doctoral

Current Committee Member(s) (Typed names)	Revised Committee Members (Include typed names) Each new member must also sign below.	Department/Degree Program	Faculty Status
(Co-)Major Professor:	(Co-)Major Professor:		GFS <input type="checkbox"/> Co-directive Status <input type="checkbox"/>
(Co-)Major Professor <i>(if applicable)</i>	(Co-)Major Professor <i>(if applicable)</i>		GFS <input type="checkbox"/> Co-directive Status <input type="checkbox"/>
Member:	Member:		GFS <input type="checkbox"/> Co-directive Status <input type="checkbox"/>
Member:	Member:		GFS <input type="checkbox"/> Co-directive Status <input type="checkbox"/>
University Representative: (doctoral committees only)	University Representative: (doctoral committees only)		GFS <input type="checkbox"/> TENURED <input type="checkbox"/> <i>(required)</i>
Member: (optional)	Member: (optional)		GFS <input type="checkbox"/> Co-directive Status <input type="checkbox"/>
Member: (optional)	Member: (optional)		GFS <input type="checkbox"/> Co-directive Status <input type="checkbox"/>
Member: (optional)	Member: (optional)		GFS <input type="checkbox"/> Co-directive Status <input type="checkbox"/>

Additional Required Signatures:

(Co-)Major Professor: _____

Date: _____

(Co-)Major Professor: _____
(If applicable)

Date: _____

Department Chair or Representative*: _____

Date: _____

Academic Dean or Representative: _____

Date: _____

Submit this form to OASIS (oasis-grad@fsu.edu) for Academic Dean's approval via DocuSign.

This form is used to update supervisory committees with two or more original members listed in GST. To update an advisor assignment only, for a student with only a major professor or co-major professor assignment, use the CEHHS Advisor Form.