



THE FLORIDA STATE UNIVERSITY
COLLEGE OF EDUCATION
Office of Academic Services and Intern Support

COE GRADUATE SUPERVISORY COMMITTEE REVISION

(This form is required only if approved Program of Study is on file with OASIS. *Form fields must be typed.*)

Student Name: _____ Email: _____

EMPLID: _____ Department: _____

Academic Plan/Major: _____ Date: _____

Masters ☐

Specialist ☐

Doctoral ☐

Original Committee Members (Type names)	Revised Committee Members (Type names) Each NEW member must also sign below.	Department/Major	Graduate Faculty Status (yes or no)
(Co)Major Professor(s):	(Co)Major Professor(s):		
Member:	Member:		
Member:	Member:		
University Representative: (doctoral committees only)	University Representative:		
Member: (optional)	Member: (optional)		

Student Signature: _____ Date: _____

Signatures Required:

Major Professor: _____ Date: _____

Department Chair: _____ Date: _____

Academic Dean: _____ Date: _____