



**GRADUATE SUPERVISOR COMMITTEE APPOINTMENT
ARIZONA STATE UNIVERSITY
SCHOOL OF COMPUTING AND INFORMATICS**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name [REDACTED]	Student ID No. [REDACTED]	Date [REDACTED]
Degree: <input type="checkbox"/> Master of Science <input type="checkbox"/> Master of Computer Science <input type="checkbox"/> Doctor of Philosophy		

Summary and Reason for Change:

Committee	Academic Unit	Signature	Date	Approved	Disapproved
Chair				<input type="checkbox"/>	<input type="checkbox"/>
Co-Chair				<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/> Existing <input type="checkbox"/> New			<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/> Existing <input type="checkbox"/> New			<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/> Existing <input type="checkbox"/> New			<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/> Existing <input type="checkbox"/> New			<input type="checkbox"/>	<input type="checkbox"/>