



THE UNIVERSITY OF THE WEST INDIES
 ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
OFFICE OF THE CAMPUS REGISTRAR
OFFICE OF GRADUATE STUDIES & RESEARCH

CHANGE IN ADVISORY COMMITTEE

STUDENT I.D.

--	--	--	--	--	--	--	--	--	--

SURNAME

FIRST NAME

OTHER NAMES

DEGREE

FACULTY/DEPARTMENT

EFFECTIVE PERIOD OF REQUESTED CHANGE

Semester 1
 Semester 2

Academic Year 20__/20__

ADVISORY COMMITTEE

Member	CURRENT ADVISORY COMMITTEE	PROPOSED NEW ADVISORY COMMITTEE	SIGNATURES OF NEW COMMITTEE MEMBERS
CHIEF SUPERVISOR			
CO-SUPERVISOR			
ADVISOR			
ADVISOR			
ADVISOR			

Justification/Reason for requested change**

SIGNATURE OF HEAD OF DEPARTMENT***

DATE

FOR OFFICIAL USE ONLY

Approved by the Chair, Campus Committee for Graduate Studies and Research

SIGNATURE

DATE

** *Justification/reason must be included for proposed change.*

*** *Requests will not be processed without the signature of the Head of Department and all Committee Members.*