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**APPOINTMENT OR CHANGE OF GRADUATE ADVISORY COMMITTEE**  
(also to be used for Change of Committee)

Date: \_\_\_\_\_

**Please check one:**       Appointment of Committee       Change of Committee

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Degree Program (MS, MA, PhD, DNP, etc): \_\_\_\_\_ Program: \_\_\_\_\_

For Appointment of Committee Members: (Please Print)	Signature:
Chair:	
Co-Chair: (If appropriate)	
Member:	
Member:	
Member:	
For Resigning Committee Members (Please Print)	Signature:

**Comments:**

Print Name	Signature	Date
College Dean		
Graduate School Dr. Helena S. Wisniewski		

Email to Graduate School after obtaining all college and program signatures