



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

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name [REDACTED]	Affiliate ID No. (10 digit) [REDACTED]	Date [REDACTED]	Email [REDACTED]
Degree: <input type="checkbox"/> Master of 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"/>