

San Francisco State University – Division of Graduate Studies (ADM 250) 415-338-2234
Petition for ATC/GAP Substitution or Committee Revision Updated 2009

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|---|
| RATIONALE FOR SUBSTITUTION OR REVISION (Specify the nature of substitution or revision): |
| |

Degree _____ Major _____ Concentration/Emphasis _____

Name: _____ Student ID: _____

Address: _____ Phone: _____

City/State/Zip: _____ E-mail: _____

COURSE SUBSTITUTION

ADD:

| Course Number and Title | Units |
|-------------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

REMOVE:

| Course Number and Title | Units |
|-------------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signatures:

GRADUATE ADVISER _____ DATE

GRADUATE COORDINATOR _____ DATE

DEAN OF GRADUATE STUDIES (or designee) _____ DATE

COMMITTEE REVISION

FORMER COMMITTEE MEMBER(S):

Note: Signature required of any member(s) being deleted from the student's committee. If the faculty member is on leave, or no longer employed by the university, the department chair should sign.

TYPE/PRINT NAME OF COMMITTEE CHAIR _____ SIGNATURE AS NEEDED

TYPE/PRINT NAME OF COMMITTEE MEMBER _____ SIGNATURE AS NEEDED

TYPE/PRINT NAME OF COMMITTEE MEMBER _____ SIGNATURE AS NEEDED

NEW SUPERVISING COMMITTEE (All members of the committee must sign):

NAME AND RANK OF CHAIR _____ SIGNATURE OF COMMITTEE CHAIR

NAME AND RANK OF MEMBER _____ SIGNATURE OF COMMITTEE MEMBER

NAME AND RANK OF MEMBER _____ SIGNATURE OF COMMITTEE MEMBER

Department Chair/Graduate Coordinator: I have reviewed the composition of the supervising committee and find it acceptable.

SIGNATURE OF DEPARTMENT CHAIR/GRADUATE COORDINATOR _____ DATE