California State University, San Bernardino
Department of Computer Science & Engineering
Master of Science in Computer Science Program

REQUEST TO CHANGE ADVISOR/COMMITTEE MEMBER(S) FORM

_____   _____   _____
   Student: Last Name, First Name   Student: COYOTE Id   Date

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CHANGE ADVISOR:

FROM: _____   _____   _____
              Advisor Name   Advisor Signature   Date

TO: _____   _____   _____
              Advisor Name   Advisor Signature   Date

CHANGE COMMITTEE MEMBER(S):

FROM: _____   _____   _____
             Committee Member1 Name   Committee Member1 Signature   Date

TO: _____   _____   _____
             Committee Member1 Name   Committee Member1 Signature   Date

FROM: _____   _____   _____
             Committee Member2 Name   Committee Member2 Signature   Date

TO: _____   _____   _____
             Committee Member2 Name   Committee Member2 Signature   Date

FROM: _____   _____   _____
             Committee Member3 Name   Committee Member3 Signature   Date

TO: _____   _____   _____
             Committee Member3 Name   Committee Member3 Signature   Date

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For Office Use Only

Received On: _____   **By:** _____
             Date   Graduate Coordinator for Advising
APPROVED: ___   **DENIED:** ___   **REASON:**_____