

Department of Anthropology  
New York University

APPLICATION FOR CHANGE IN ADVISORY COMMITTEE

Name \_\_\_\_\_  
First Last Date

Current Committee \_\_\_\_\_ (Head)  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Committee \_\_\_\_\_ (Head)  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Change(s) \_\_\_\_\_

Director of Graduate Studies \_\_\_\_\_  
Signature