

**UNIVERSITY OF ALABAMA AT BIRMINGHAM
GRADUATE SCHOOL
GRADUATE PROGRAM DIRECTOR
APPOINTMENT/CHANGE FORM**

Please use this form to inform the UAB Graduate School of new graduate program director appointments in your department/program. Please fill out the form completely. **Incomplete, incorrect or unsigned forms will be returned unprocessed.**

| Name of person preparing form | Campus Mailing Address | Campus Telephone | Campus E-Mail |
|-------------------------------|------------------------|------------------|---------------|
| | | | |

NEW GRADUATE COORDINATOR INFORMATION

The graduate faculty member indicated below will serve as a graduate program director in our department:

| Department | School |
|------------|--------|
| | |

| Graduate Program | New Coordinator's Last Name | New Coordinator's First Name |
|------------------|-----------------------------|------------------------------|
| | | |

CHECK ONE:

- This appointment is for an additional graduate coordinator in our department.
- This appointment is replacing the following graduate coordinator in our department:

| Graduate Program | Former Coordinator's Last Name | Former Coordinator's First Name |
|------------------|--------------------------------|---------------------------------|
| | | |

Submitted by (Department Chair or Program Representative) _____

Date _____

**SEND THIS FORM VIA CAMPUS MAIL TO:
UAB GRADUATE SCHOOL
HUC 511 zip 115**

| FOR GRADUATE SCHOOL USE ONLY | | |
|------------------------------------|--|-----------------------|
| <input type="checkbox"/> Processed | Graduate School Dean or Representative _____ | TIME STAMP |
| | Date _____ | |