## 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 LHL 103 zip 0013

FOR GRADUATE SCHOOL USE ONLY			
Processed			TIME STAMP
	Graduate School Dean or Representative	Date	