



Graduate Student Change of Committee

(Submit to the Graduate School when there are any changes in your committee)

Please print or type:

Student Name: _____ Student Number: _____

Degree Program: _____ Master's _____ Ed. Specialist _____ Ph.D. _____ Ed.D

Department/Area Program: _____

Member(s) to be removed:

<u>Name</u>	<u>Department</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member(s) to be added:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for change: _____

Student's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

Director of Graduate Studies' Signature: _____ Date: _____

Graduate Dean's Signature: _____ Date: _____

Date copies sent to members and Director of Graduate Studies: _____