



REQUEST FOR CHANGE IN MEMBERSHIP OF GRADUATE ADVISORY COMMITTEE

Name: _____ Signature: _____ Date: _____

Degree Sought: _____

Minor/Cognate(s): _____

Name and Signature of Member(s)
to be Changed

Name and Signature of
New Member(s)

Reason(s) for changing: _____

Recommending Approval:

Approved:

Head, Major Department

Director, Graduate Education

Date: _____

Verified:

Student Records in Charge

**Distribution of copies: Graduate Student, Major Department, Graduate Education*

*** Indicate N/A or NONE for fields not applicable**

