

**MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL  
COMMITTEE REQUEST FORM**

**Name:** \_\_\_\_\_ **MSU 9-DIGIT ID** \_\_\_\_\_ **NET ID:** \_\_\_\_\_  
*Last First Middle*

**Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Concentration:** \_\_\_\_\_

**COMMITTEE MEMBERS**

<u>Typed/Printed Name</u>	<u>Level</u>	<u>Appointing Department</u>	<u>Signature</u>
Major Professor			
Co-major Professor (if applicable)			
Minor Member (if applicable)			
Committee Member			
Committee Member			
Committee Member			
Committee Member			
Committee Member			

**APPROVAL**

<b>Typed/Printed Name:</b>	<b>Signature:</b>	<b>Date:</b>
Graduate Coordinator		
Minor Graduate Coordinator (if applicable)		
Student		