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

Typed/Printed Name	Level	Appointing Dept.	Signature	Date
Major Professor				
Co-major Professor (if applicable)				
Minor Member (if applicable)				
Committee Member				
Committee Member				
Committee Member				
Committee Member				
Committee Member				

APPROVAL

Typed/Printed Name	Signature	Date
Graduate Coordinator		
Minor Graduate Coordinator (if applicable)		
Student		