



Request for Change of Committee Member(s)

Name _____ 9-digit ID _____ Net ID _____
Last First Middle

Degree _____

Major _____ Minor _____

Concentration _____

Committee Member(s) to Add:

Typed / Printed Name	Role <small>(i.e., Major Professor, etc.)</small>	Appointing Department	Signature	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Committee Member(s) to Remove:

Typed / Printed Name	Role <small>(i.e., Major Professor, etc.)</small>	Appointing Department	Signature	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Typed / Printed Name	Approval Signatures	Date
Graduate Coordinator/Advisor _____	_____	_____
Minor Graduate Coordinator _____	_____	_____
Student _____	_____	_____