



Request for Change of Committee Member(s)

Name \_\_\_\_\_ 9-digit ID \_\_\_\_\_ Net ID \_\_\_\_\_  
Last First Middle  
Degree \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_  
Concentration \_\_\_\_\_

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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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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