

Request for Change of Committee Member(s)

Name		9-digit ID	Net ID	
Last		Middle		
Degree		Minor		
Concentration		Minor		
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	<u>Cor</u>	mmittee Member(s) to Add:		
Typed / Printed Name	Role	Appointing Department	Signature	Date
	(i.e., Major Professor, etc.)			
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	Comr	nittee Member(s) to Remove	.	
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Typed / Printed Name	Role (i.e., Major Professor, etc.)	Appointing Department	Signature	Date
****	*****	*****	*****	****
Typed / Printed Name		Approval Sigr	natures	
Graduate Coordinator/Adviso	r			Date
Minor Graduate Coordinator				Date
Student				Date