

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

Name: _____ **MSU ID:** _____ **Net ID:** _____
Last First Middle

Degree: _____ **Major:** _____

COMMITTEE MEMBERS:

Typed/Printed Name:

Signature:

Major Professor	_____	_____	Date
Co-Major Professor (if applicable)	_____	_____	Date
Minor Professor (if applicable)	_____	_____	Date
Committee Member	_____	_____	Date
Committee Member	_____	_____	Date
Committee Member	_____	_____	Date
Committee Member	_____	_____	Date
Committee Member	_____	_____	Date

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APPROVAL:

Typed/Printed Name:

Signature:

Graduate Coordinator	_____	_____	Date
Minor Graduate Coordinator (if applicable)	_____	_____	Date
Dean (if applicable)	_____	_____	Date
Student	_____	_____	Date