MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL

REQUEST FOR CHANGE OF COMMITTEE MEMBER(S)

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

Degree: _____ **Major:** _____

COMMITTEE MEMBER(S) TO ADD:

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(S) TO DELETE:

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

APPROVAL:

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