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:**_____ **Concentration:**_____

COMMITTEE MEMBER(S) TO ADD:

Typed/Printed Name	Level	Appointing Department	Signature
Major Professor			
Co-major Professor (if applicable)			
Minor Member (if applicable)			
Committee Member			
Committee Member			
Committee Member			

COMMITTEE MEMBER(S) TO DELETE:

Major Professor			
Co-major Professor			
Minor Member			
Committee Member			
Committee Member			

APPROVAL

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