MISSISSIPPI STATE UNIVERSITY™
THE GRADUATE SCHOOL

Committee Request

Name _____ 9-digit ID _____ Net ID _____

      Last   First   Middle

Degree _____

Major _____ Minor _____

Concentration _____

****

Committee Members

Typed / Printed Name	Net ID	NG/G*	Appointing Department	Signature	Date
Major Professor					
Co-Major Professor					
Minor Member					
Committee Member					
Committee Member					
Committee Member					
Committee Member					
Committee Member					

****

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

*G = Graduate Faculty
NG = Non-Graduate Faculty

*Submit completed form to degreeaudit@grad.msstate.edu   Revised January 2020