

This Form **MUST** Be Typed

OFFICE OF GRADUATE STUDIES

**MISSISSIPPI STATE UNIVERSITY
COMMITTEE REQUEST CHANGE FORM**

NAME: _____ MSU ID NO. _____
(Last) (First) (Middle)

ADDRESS: _____
(Box - Street) (City) (State) (Zip)

DEGREE: _____ MAJOR: _____

MINOR: _____

COMMITTEE MEMBER TO BE ADDED:

Typed Name

Signature

Major Professor: _____

Co-Major Professor: _____

Minor Professor: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

COMMITTEE MEMBER TO BE DELETED:

Typed Name

Signature

Major Professor: _____

Co-Major Professor: _____

Minor Professor: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

SIGNATURES:

Typed Name

Program Graduate Coordinator Date

Typed Name

Minor Graduate Coordinator Date

Typed Name

Student Date