

## Master's Degree Committee Change Form

### Student Information

Last name:		First Name:		Date:	
D Number:		Email:		Phone:	
Department:			Program:		

### Current Committee

\_\_\_\_\_ **It is the responsibility of the student and department to inform any faculty removed from a committee of their change in status**

COMMITTEE CHAIR

\_\_\_\_\_ COMMITTEE MEMBER/ CO-CHAIR

Please provide a reason for requesting this committee change.

\_\_\_\_\_ COMMITTEE MEMBER

\_\_\_\_\_ COMMITTEEMEMBER

\_\_\_\_\_ COMMITTEE MEMBER

### Proposed Committee

\_\_\_\_\_ Committee Chair (print name)

\_\_\_\_\_ Committee Chair signature

\_\_\_\_\_ Department

\_\_\_\_\_ Committee Member/Co-chair (print name)

\_\_\_\_\_ Committee Member/co-chair signature

\_\_\_\_\_ Department

\_\_\_\_\_ Committee Member (print name)

\_\_\_\_\_ Committee Member signature

\_\_\_\_\_ Department

\_\_\_\_\_ Committee Member (print name)

\_\_\_\_\_ Committee Member signature

\_\_\_\_\_ Department

\_\_\_\_\_ Committee Member (print name)

\_\_\_\_\_ Committee Member signature

\_\_\_\_\_ Department

If adding a non-DSU member, or a DSU non-graduate faculty member, please attach a vitae and include a rationale below to be reviewed by the Graduate Office:

### Approval

\_\_\_\_\_ Program Director signature

\_\_\_\_\_ Department Chair signature

\_\_\_\_\_ Date

\_\_\_\_\_ Graduate Studies Director

\_\_\_\_\_ Date