

Master's Degree Committee Change Form

Student Information					
Last name:	First Name:		Date:		
D Number:	Email:		Phone:		
Department:		Program:			
Current Committee					
	It is the re	spansibility of t	ho student and	donartment to inf	
COMMITTEE CHAIR		= =		department to inf f their change in s	
COMMITTEE CHAIR	any facult	y removed mon	i a committee o	i tileli tilalige ili s	
COMMITTEE MEMBER/ CO-CHAIR	Please pro	Please provide a reason for requesting this committee change			
COMMITTEE MEMBER					
COMMITTEEMEMBER					
COMMITTEE MEMBER					
Dranged Committee					
Proposed Committee					
Committee Chair (print name)	Committee Chair	Committee Chair signature			
Committee Mamber/Co chair Invint	nama) Cammitta Mam	Constitute Marchaulas abain signatura		 Department	
Committee Member/Co-chair (print	name) Committee Merr	Committee Member/co-chair signature			
Committee Member (print name)	Committee Mem	Committee Member signature			
Committee Member (print name)	Committee Men	nber signature	Department		
Committee Member (print name)	Committee Men	Committee Member signature			
(- 0	Department		
If adding a non-DSU member,	or a DSU non-graduat	e faculty member	r, please attach a	vitae and	
include a rationale below to b	e reviewed by the Gra	duate Office:			
Approval					
Program Director signature	Department Chai	r signature	Date		
Conducts Studies By					
Graduate Studies Director	Date				