Graduate School
WASHINGTON STATE UNIVERSITY

☐ Masters
☐ Doctoral

CHANGE OF COMMITTEE

Date_____

Name_____ID#_____

Degree Sought_____Dept/Program_____

New Committee

_____(chair)
_____
_____
_____
_____
_____

Old Committee

_____(chair)
_____
_____
_____
_____
_____

The undersigned accept the responsibility of acting as this student's committee:

Signatures of new committee:

_____
_____
_____
_____
_____
_____

It is the responsiblity of students and of the department to inform any faculty removed from a committee of their change in status

If adding a non-tenured/non-tenure track faculty member from outside the graduate program, or a member from outside WSU, please submit a vitae and rational for reveiw and approval.

The reason for the requested committee change is:

_____
_____
_____
_____
_____

The above committee change is recommended by:

_____
Student Signature

_____
Major Department Chair Signature

_____
Minor Department Chair Signature

Approved by:

_____
Dean, Graduate School

Updated 3/2015