



Graduate School

WASHINGTON STATE UNIVERSITY

CHANGE OF COMMITTEE

Master's ____

Doctoral ____

Date _____

Name _____ ID# _____

Degree Sought _____ Dept/Program _____

New Committee

Old Committee

_____ (chair)

_____ (chair)

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

Signatures of new committee:

If adding a committee member from outside
WSU, a curriculum vitae is required and must be
attached

The reason for the requested committee change is:

The above committee change is recommended by:

Approved by:

Chair, major Department or program

Dean, Graduate School

Chair, minor department or program