



Graduate Student Change of Committee

(Submit to the Graduate School when there are any changes in your committee)

Please print or type

Student name: _____

Mizzou ID number: _____ Legacy student number: _____

Degree program: Master's Ed. Specialist Ph.D. Ed.D.

Department/area program: _____

Member(s) to be removed:

Name	Department	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member(s) to be added:

Name	Department	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for change: _____

Student's signature _____ Date _____

Adviser's Signature _____ Date _____

Director of graduate studies' signature _____ Date _____

(As Director of Graduate studies, I certify that all members of the committee, including members being added and/or removed, have been informed of this change to the committee.)

Graduate dean's signature _____ Date _____