Any changes in your program must be approved by your committee and the Graduate Coordinator.

Name ___________________________ Student ID __________ Date __________

Changes approved by: Committee Chair: ________________________________
Committee Member: ________________________________
Committee Member: ________________________________
Graduate Coordinator: ________________________________

Note: Place signatures over typed or printed names at right →

I. Change committee chair or members:

Add: ___________________________ Delete: ___________________________
Add: ___________________________ Delete: ___________________________
Add: ___________________________ Delete: ___________________________

Have previous committee members been informed of any changes in committee membership? Yes ☐ No ☐

II. Change of course work:

Add: ___________________________ Delete: ___________________________
Add: ___________________________ Delete: ___________________________
Add: ___________________________ Delete: ___________________________

III. Change of Master’s degree program option:

Add: ___________________________ Delete: ___________________________

IV. Change culminating activity: