**REQUEST FOR CHANGE IN MEMBERSHIP OF GRADUATE ADVISORY COMMITTEE**

Name: Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor/Cognate(s): \_\_\_\_\_\_

 Name and Signature of Member(s) Name and Signature of

 to be Changed New Member(s)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_ . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_

Reason(s) for changing**:**

Recommending Approval: Approved:

 ANABELLA B. TULIN

Head, Major Department Dean, Graduate School

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CATHERINE C. ARRADAZA\_\_\_\_\_\_\_

Secretary, Graduate School

­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Distribution of copies: Graduate Student, Registrar, Major Department, Graduate School*

**\* Indicate N/A or NONE for fields not applicable**