**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)

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Reason(s) for changing**:**

Recommending Approval: Approved:

ANABELLA B. TULIN

Head, Major Department Dean, Graduate School

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

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

Secretary, Graduate School

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

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