

Washington State University
Graduate School
CHANGE OF COMMITTEE

Name _____

Degree Sought _____ Department/Program _____

New Committee

Old Committee

Chair

Chair

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

Signatures of new committee

The reason(s) for the requested committee change is: _____

The above change of committee is recommended by:

Chair, Major Department or Program

Chair, Minor Department or Program