



Graduate School
CHANGE OF COMMITTEE

Master's:
Doctoral:

Date: _____

Name _____ ID# _____

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

If adding a committee member from outside of WSU, a curriculum vitae is required and must be attached.

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