

**DEPARTMENT OF DEVELOPMENTAL & HIGHER EDUCATION STUDIES
COLLEGE OF EDUCATION
GRAMBLING STATE UNIVERSITY
REQUEST FOR CHANGE IN GRADUATE PROGRAM COMMITTEE**

	Student's Name	Soc. Sec. No.
Local Address		
	Street	City
Telephone No.	State	Zip
	Home	Business
Option		
Cognate Area(s)		

I wish to make the following changes in my Graduate Program Committee.

DELETIONS

1.			
	Typed Name	Signature	Date
2.			
	Typed Name	Signature	Date
3.			
	Typed Name	Signature	Date

NEW COMMITTEE MEMBERS

1.			
	Typed Name	Signature	Date
2.			
	Typed Name	Signature	Date
3.			
	Typed Name	Signature	Date
4.			
	Typed Name	Signature	Date

My rationale for these changes is: _____

Signature of Student/Date

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
	Signature of Advisor/Major Professor
	Date

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
	Signature of Program Director
	Date

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
	Signature of Department Head Educational Leadership
	Date

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
	Signature of Dean, College of Education
	Date