

**DEPARTMENT OF EDUCATIONAL LEADERSHIP
COLLEGE OF EDUCATION
GRAMBLING STATE UNIVERSITY
REQUEST FOR CHANGE IN GRADUATE PROGRAM COMMITTEE**

_____ Student's Name		_____ Soc. Sec. No.	
Local Address _____			
Street	City	State	Zip
Telephone No. _____			
Home		Business	
Degree _____	Major _____	Option _____	

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

My rationale for this change/these changes: _____

_____ Student Signature	_____ Date
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APPROVAL SIGNATURES

_____ Advisor/Major Professor	_____ Date	_____ Head, Dept. of Educational Leadership	_____ Date
_____ Program Director	_____ Date	_____ Dean, College of Education	_____ Date