

**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
Telephone No.	State	Zip
Option	Home	Business
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

____ **Approved**
 ____ **Not Approved**

Signature of Advisor/Major Professor Date

____ **Approved**
 ____ **Not Approved**

Signature of Program Director Date

____ **Approved**
 ____ **Not Approved**

Signature of Department Head Date
Educational Leadership

____ **Approved**
 ____ **Not Approved**

Signature of Dean, College of Education Date