

LAMAR UNIVERSITY
College of Graduate Studies
Request to Change Graduate Student's Committee

Student's Name: _____ LU I.D.: _____ Date: _____

Address: _____ Major: _____

Proposed Committee Changes:

Old Committee: Name: Signature: Date:

New Committee: Name: Signature: Date:

Signatures:

Student Date

Chair of Graduate Committee Date

Department Chair Date

College Dean Date

Action by Graduate Dean: ___ Approved ___ Disapproved ___ Other: _____

Graduate Dean Date

Form must be submitted on or before the last day to register for graduation of that semester.
Submit signed original to the Graduate Office. The Graduate Office will distribute copies to the Department and Student.