



Graduate Student Change of Committee Form

(Submit to the Graduate School, 210 Jesse Hall by the end of the second semester)

Student name: _____

Mizzou ID number: _____ Anticipated graduation date: _____

Academic program: _____ Degree (i.e MBA, PhD, etc.): _____

Program address: _____ Major: _____

_____ Emphasis area: _____
(If applicable)

Member(s) to be removed:

Name	Department	Address

Member(s) to be added:

Name	Department	Address

Reason for Change:

SEAN X. DUAN

Student's signature

Date

9/25/2023

Faculty Adviser's signature

Date

*As **Director of Graduate Studies**, I certify that all members of the committee, including members being added and/or removed, have been informed of this change to the committee:*

Director of Graduate Studies signature

Date

Dean of the Graduate School signature

Date