

## **The Graduate School**

degreesandcertificates@montana.edu

## STATE UNIVERSITY Graduate Committee Revision Form

						Studen	t ID#
ast Name	First Name		Mid	dle Initial	Email		
Department	Degree		_ in Deg	ree Title			
This form is used to revise a gradu Committees may change as faculty hort term scheduling issues. Please list committee members in equested revision(s) on the line re- being added to the committee in	y change or as a student's the same order they app umber corresponding to	ear on the <i>Gr</i>	phasis shifts aduate Proge e member's p	. Committe ram of Stu- name. Ens	ees should not  udy & Committ	be changed simple tee Form. State the	y to accommodate e reason for the
Original Committee Member	r(s):		Revi	sed Com	mittee Mem	ber(s):	
Name (Chair)		Date	_ 1.	Name (Ch	air)		Date
E-Mail				E-Mail			
Nama		Date	2.	Name			Date
Name		Date					Date
E-Mail			3.	E-Mail			
Name		Date	_	Name			Date
E-Mail				E-Mail			
Name		Date	_ 4.	Name			Date
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E-Mail			5.	E-Mail			
Name		Date	<del>_</del>	Name			Date
E-Mail				E-Mail			
Name (Graduate School Represe	entative – Doctoral Commit	tees Only)					
easons for Committee Revi	sion(s):						
ommittee Approval:							
Department Head Signature		Date	The G	aduate Schoo	.1		Date
soparation from Digitature		Duit	THE O	addite Delloo	-		Suc
Student Signature		Date					