

MEMORANDUM

To: Dr. Bryan D. Noe

Date: _____

From: _____
(Program Director) (signature)

Subject: Change in Graduate Study Committee

I would like to request a change in Graduate Study Committee for:

_____ who is enrolled in the
(Name/Student Number)

_____ program. Please add/delete the following:

Name	Department/Specialization
_____	_____
_____	_____

who will replace:

_____	_____
_____	_____

Reason for change: _____

Approval: _____
Bryan D. Noe Date
Dean