

TEMPORARY - PROGRAM/COMMITTEE CHANGE FORM

This form is to be used on a temporary basis while Softdocs Etrieve software is unavailable.

Submission instructions: Complete this fillable form electronically. Submit the completed form to the Graduate School at grad@ksu.edu, using the subject line, "Program/Committee Change Form".

Name: K-State email: Student WID: Program College:				☐ TC ☐ VM	Master's Doctor of Philosophy Doctor of Education Education Specialist
Course(s) to be	added:		Course(s) to be		
Code/Number	Title	Hours	Code/Number	Title	Hours
Change To:		-	Change From:		
Rationale:		<u>- — — — — — — — — — — — — — — — — — — —</u>			
	st be provided by the committee me rnatively, the completed form may b u).	mbers bein		ved. If possible, ele canned, and emaile	
Name (printed)			Name (printed)		
Signature			Signature		
Name (printed)			Name (printed)		
Signature Rationale:			Signature		

NAME & SIGNATURES

Signatures must be provided by the student's major professor (co-major professors) and department head/graduate program director. If possible, electronic signatures are preferred. Alternatively, the completed form may be printed, signed by hand, scanned, and emailed to the Graduate School (grad@ksu.edu).

Names & Depts (pri	nted)	<u>Signatures</u>	<u>Signatures</u>		
Student	Date				
Major Professor	Date	Major Professor	Date		
Co-Major Professor	Date	Co-Major Professor	Date		
Dept Head/Graduate Program Director	Date	Dept Head/Graduate Program Director	Date		
		m submission instructions			
Submit the completed form to the Form".	Graduate Scho	ool at <u>grad@ksu.edu,</u> using the subject line, "	Program/Committee Change		
Graduate School Use only	:				
Dean of th	e Graduate Sch	nool (Signature):			
		Dean of the Graduate Scho	ol Date		