**REQUEST FOR CHANGE IN MEMBERSHIP OF GRADUATE ADVISORY COMMITTEE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: Date: \_\_\_\_\_\_\_\_\_\_\_

Degree and Major Field: Master of Agricultural Development-Ag. Education

Minor/Cognate(s):

 Name and Signature of Member(s) Name and Signature of

 to be Changed New Member(s)

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Reason(s) for changing**:** \_\_\_\_\_\_\_\_\_\_\_

Recommending Approval: Approved:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANABELLA B. TULIN

 Head, Major Department Dean, Graduate School

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_DEEJAY M. LUMANAO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head, Distance Education Programs Office

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*\*Distribution of copies: Graduate Student, Registrar, Major Department, Graduate School*