Copies to: Dean

Department Guidance Committee Student

DEPARTMENT OF FOOD SCIENCE AND HUMAN NUTRITION MASTER CHANGE FORM

NAME: STUDENT NUMBER: DATE:

PROGRAM CHANGE

Additions: Deletions:

CHANGE PLAN TO: MS Plan A MS Plan B CHANGE IN COMMITTEE:

New Member’s Name:

New Member’s Signature:

Date

 Committee Chair’s Name: \_\_\_\_\_\_\_\_\_\_\_\_

 **Date**

Committee Chair’s Signature:

Date

Director’s Signature:

Date

Associate Dean’s Signature:

Date

Revised 4/2017