

COLLEGE OF NATURAL SCIENCE  
Department of Plant Biology  
MICHIGAN STATE UNIVERSITY

DOCTORAL PROGRAM

To the Dean of Natural Science: Approval is required for the following changes in the Guidance Committee  
Report of

Name \_\_\_\_\_ Student no. \_\_\_\_\_

Date of program being changed \_\_\_\_\_

Change Requested:

Guidance Committee \_\_\_\_\_ Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_  
Student Date  
\_\_\_\_\_  
Department Chairman Date  
\_\_\_\_\_  
Dean of Natural Science Date

Distribution: Dean of Natural Science  
Student  
Department  
Each Member of Committee