



OLD DOMINION UNIVERSITY

The Graduate School

Appointment or Change of Master's Thesis Committee M1

REQUEST:

I hereby request the following Thesis Committee to be established or changed for:

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

Master's Thesis Committee*

| Print Name | Signature | Date |
|------------------|-----------|-------|
| Committee Chair: | | |
| _____ | _____ | _____ |
| Members: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*If the committee is comprised of more than six members, please attach an addendum.

I concur with the appointment or change of the above Thesis Committee.

Student: _____
Signature Date

Please check if this is a change to the Master's Thesis Committee.

APPROVAL:

Graduate Program Director: _____
Signature Date

Dean or Designee: _____ College: _____
Signature Date