



Office of Graduate Studies
212 Koch Hall
Norfolk, VA 23529
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Request for Change in Thesis Advisory Committee

1. REQUEST:

I hereby request the following Thesis Advisory Committee to be established for

_____ (Print student's name) _____ (UIN)

who is enrolled in the _____ program.

CURRENT COMMITTEE

PROPOSED NEW COMMITTEE

Chair

Chair

Signature of Current Thesis Advisory Committee Chair (Date)

Signature of Proposed Thesis Advisory Committee Chair (Date)

A. I concur with the above change(s) in the Thesis Advisory Committee.

Signature of Student (Date)

2. APPROVAL:

Graduate Program Director (Date)

Department Chair (Date)

*Dean College (Date)

*Required only if a non-faculty member is proposed to be on the Committee with voting rights.