



Office of Graduate Studies
 212 Koch Hall
 Norfolk, VA 23529
 Phone: 757-683-4885
 Fax: 757-683-3004

Master's Examination
 Committee

REQUEST:

I appoint the following Master's Comprehensive Examination Committee for

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

who is enrolled in the _____ program.
 (Title of degree program)

EXAMINATION COMMITTEE

NAME	(PRINT)	SIGNATURES
_____		_____
_____		_____
_____		_____
_____		_____

 Graduate Program Director (Date)

 Department (Date)

- ORIGINAL: Graduate Program Director
 Copy: Student
 Department/School Chair
 Master's Examination Committee Members
 Office of Graduate Studies