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

Copies: Graduate Program Director
Committee Chair
Student