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### School of Graduate Studies and Research

McDemmond Center for Applied Research (MCAR), Ste 602  
700 Park Ave. Norfolk, VA 23504 Phone: 757-823-8015

## Thesis/Dissertation Chair/Committee Change Form

I hereby request the following change to the Thesis/Dissertation Committee to be established for:

Student Name: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Concentration: \_\_\_\_\_

### Thesis/Dissertation Committee

Current Member Print Name	New Member Print Name	New Member Signature
_____	_____	Member/Chair Signature
_____	_____	Member Signature
_____	_____	Member Signature
_____	_____	Member Signature
_____	_____	Member Signature

\_\_\_\_\_  
Signature of Current Thesis/Dissertation Advisor/Committee Chair

\_\_\_\_\_  
Signature of New Thesis/Dissertation Advisor/Committee Chair

I understand that my Thesis/Dissertation Committee composition has changed.

Student: \_\_\_\_\_  
Signature Date

### APPROVAL:

Graduate Program Coordinator/Director: \_\_\_\_\_  
Signature Date

Send copy to: Department Chair  
School of Graduate Studies and Research