

Name: _____ Date: _____

CWID: _____

Program: _____

COMPOSITION OF ORIGINAL COMMITTEE:

Chair: _____
First Name Last Name

Committee Members: _____
First Name Last Name

First Name Last Name

First Name Last Name

PROPOSED NEW COMMITTEE:

Chair: _____
First Name Last Name Chair Signature Date

Committee Members: _____
First Name Last Name Member Signature Date

First Name Last Name Member Signature Date

First Name Last Name Member Signature Date

If you have completed your Preliminary Oral Examination, indicate date of completion: _____

Reason for request: _____

Student Signature: _____ **Date:** _____

For Office Use Only:	
Decision:	<input type="radio"/> Approved <input type="radio"/> Denied
_____	_____
Program Director Signature	Date