



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 ChairSignature 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:	
<b>Decision:</b>	<input type="radio"/> Approved <input type="radio"/> Denied
_____	_____
Program Director Signature	Date