

DEPARTMENT OF RELIGIOUS STUDIES

COMMITTEE CHANGE REQUEST

M.A. ____ Ph.D. ____

All Committee changes are subject to Graduate Affairs and Departmental approval.

Date of Approval: _____

NAME: _____ STUDENT NO.: _____

Present Committee: Chair: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Change Requested: Chair: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Member: _____

Name (Printed) Signature

Please return this form to Doreen in UH-105.