Radford UNIVERSITY | College of Graduate Studies

College of Graduate Studies and Research

Whitt Hall; P O Box 6928
Radford, VA 24142 Phone
540-831-5431
Fax 540-831-6061

REQUEST FOR CHANGE IN COMPREHENSIVE EXAMINATION, THESIS/DISSERTATION

Name:	Radford ID#:
Major/Option: Use arrow to choose program	

I hereby request a change in the following committee being established for:

- ☐ Final Comprehensive Examination
- ☐ Final Thesis Defense
- ☐ Final Dissertation Defense

CURRENT COMMITTEE

Committee Chair Date

Committee Member Date

Committee Member Date

Committee Member Date

PROPOSED NEW COMMITTEE

Committee Chair Date

Committee Member Date

Committee Member Date

Committee Member Date

Signature of Current Committee Chair Date

Student Signature Date

Signature of Proposed Committee Chair Date

Graduate Program Director/Department Chair Date

APPROVED: _____ ***DATE:*** _____

Dean, College of Graduate Studies and Research

(REV 7/19)