



# OLD DOMINION UNIVERSITY

The Graduate School

## Appointment or Change of Master's Comprehensive Examination Committee M5

**REQUEST:**

I hereby request the following Comprehensive Examination Committee to be established or changed for:

Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Degree and Program: \_\_\_\_\_

**Master's Comprehensive Examination Committee\***

Print Name	Signature	Date
Committee Chair:		
_____	_____	_____
Members:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If the committee is comprised of more than six members, please attach an addendum.

I concur with the appointment or change of the above Comprehensive Examination Committee.

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

Please check if this is a change to the Master's Comprehensive Examination Committee.

**APPROVAL:**

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

Dean or Designee: \_\_\_\_\_ College: \_\_\_\_\_  
Signature Date