

## Supervisory Committee Form

Name: \_\_\_\_\_  
Last First Middle

Unid: \_\_\_\_\_

Degree:

- MA
- MS
- PhD

- New Committee
- Change of Committee

Name	Unid	Signature
<b>Chair</b>		

Justification for change:

\_\_\_\_\_

\_\_\_\_\_

Approved by Director of Graduate Studies:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved by Committee Chair: *(only if change of committee)*

\_\_\_\_\_ Date: \_\_\_\_\_

*Return to Department of History Graduate Staff*

Date entered into CIS: \_\_\_\_\_ By: \_\_\_\_\_