

Supervisory Committee Form

Name: _____
Last First Middle

Unid: _____

Degree:

- MA
- MS
- PhD

- New Committee
- Change of Committee

Name	Unid	Signature
Chair		

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: _____