**Change of Thesis Committee and/or Topic**

Student:       UID #:

Committee Chair or Co-chairs:

Committee Member:

Committee Member:

Thesis Title:

Identify change and rationale for change:

Signatures

Please type your legal name to certify that the information submitted is accurate to the best of your knowledge. Please save and email this form as an attachment to the next person on the list after your name.

Student:       Date:

Committee Chair:       Date:

Committee Chair:       Date:

Committee Member:       Date:

Committee Member:       Date:

Previous Chair/Member:       Date:

Department Chair:       Date: