



Graduate Studies Office
206 Showalter Hall
Cheney, WA 99004-2444

Comprehensive Examination Committee Change Form

Last Name: _____ First Name: _____
EWU ID Number: _____ Graduation Qtr: _____
Degree: _____ Major: _____

Pursuant to Graduate Affairs Policy 12.5 on reconstituting an established graduate committee, the following signatures are required. In the event that any person or persons listed below objects to this change, the matter is to be taken up directly with the Graduate Dean who makes the final decision. **This does not apply to a change in the third, or outside, committee member.**

This request to reconstitute a committee is made by the above noted candidate. Please provide below a brief rationale for this change of committee.

The following signatures are required for any departmental faculty changes to the comprehensive examining committee.

Student Signature

Date

Current Committee Members

Chair (Please Print) (Signature) _____ Date _____

2nd Internal Member (Please Print) (Signature) _____ Date _____

New Committee Members

Chair (Please Print) (Signature) _____ Date _____

2nd Internal Member (Please Print) (Signature) _____ Date _____

Approval

Academic Dept/Program Chair (Please Print) (Signature) _____ Date _____

Graduate Program Director (Please Print) (Signature) _____ Date _____

When completed, please return this form to the Graduate Studies Office.