



# Comprehensive Examination Committee Change Form

- ⊗ Forward signed original to:  
Graduate Studies – 206 SHW
- ⊗ Retain a copy for the department
- ⊗ Retain a copy for the student

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

EWU NetID/ID#: \_\_\_\_\_

Graduation Term: \_\_\_\_\_

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 Director of Graduate Programs, who makes the final decision. **This does not apply to a change in the third, or outside, committee member.***

Please provide below a brief rationale for this change of committee.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Current Committee Members

---

\_\_\_\_\_  
Chair (Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Internal Member (Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

## New Committee Members

---

\_\_\_\_\_  
Chair (Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Internal Member (Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

## Approval

---

\_\_\_\_\_  
Academic Dept/Program Chair (Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Director (Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date