

Office of Graduate Affairs Whitt Hall; P O Box 6928 Radford, VA 24142 Phone 540-831-5431 gradaffairs@radford.edu

REQUEST FOR CHANGE IN COMPREHENSIVE EXAMINATION, THESIS/DISSERTATION

Name:		Rac	Radford ID#:	
Major/Option:				
Final Compr	ge in the following committee I rehensive Examination Defense tation Defense	peing established for:		
CURRENT COMMITTEE		PROPOSED NEW COMMITTEE		
Committee Chair	Date	Committee Chair	Date	
Committee Member	Date	Committee Member	Date	
Committee Member	Date	Committee Member	Date	
Committee Member	Date	Committee Member	Date	
	tee Chair Date	Signature of Proposed Committe	ee Chair Date	
Student Signature	Date	Graduate Program Director/Dep	partment Chair Date	
APPROVED:		DATE:		