

CHANGE IN THESIS COMMITTEE CHAIR

STUDENT _____

STUDENT ID NO _____

EMAIL: _____

CONTACT NO _____

PROPOSED CHANGE TO CHAIR:

FROM:	_____	_____
	NAME	SIGNATURE
TO:	_____	_____
	NAME	SIGNATURE

JUSTIFICATION FOR CHANGES:

Student

My Signature indicates that I have discussed these changes with faculty and I agree the changes are in my best interests and will further the completion of the project. I have spoken to the graduate program chair about any concerns related to my intellectual property rights for research completed under the first thesis chair.

Graduate Program Chair

My signature indicates that the proposed changes is appropriate for the project, the student, and the faculty members involved. I have spoken to the student to discuss the intellectual property implications of this change.

Academic Dean

My signature indicates that the change is the best interest of the student and faculty members involved. I have discussed the intellectual property issues with both faculty members involved.

Director of Graduate Studies

My signature indicates approval, and the responsibility to investigate any intellectual property issues that may arise from this change.

**** Original MUST be submitted to the Graduate Admissions Office****