



NORTHERN ARIZONA  
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## Change of Thesis Committee Form

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Rationale for committee change (attach additional sheet if necessary):

New committee:

**Advisor** \_\_\_\_\_  
print name signature date

**Faculty** \_\_\_\_\_  
print name signature date

**Faculty** \_\_\_\_\_  
print name signature date

**Faculty** \_\_\_\_\_  
(optional) print name signature date

**Approval** \_\_\_\_\_  
Graduate Coordinator / date Department Chair / date