



Northern Illinois University

Request to Change a Thesis Committee

Student _____

Z-ID _____

Email address _____

Program _____

Department _____

A. Are you proposing to change a chair or co-chair? Yes No (If yes, complete Section A.)

Signatures serve as consent to the proposed change(s).

Print Name	Signatures
Current Chair/Co-Chair (circle one)	
Current Chair/Co-Chair (circle one)	
Proposed Chair/Co-chair (circle one)	
Proposed Chair/Co-chair (circle one)	

B. Complete Section B, if you are proposing to change committee members.

Signatures serve as consent to the proposed change(s).

Print Name	Signatures
Current Member	
Current Member	
Proposed Member	
Proposed Member	

Approvals

Signature, Department Chair

Date

Graduate School

Date