

## ***Form C6-Change of Student Committee Application***

Name \_\_\_\_\_ Student's number \_\_\_\_\_

Date of Application \_\_\_\_\_ Degree: Master \_\_\_\_\_ Doctoral \_\_\_\_\_

Change requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to form part of the Proposal Committee / thesis of this student:<sup>1</sup>

_____ Director of proposal/thesis	_____ Signature	_____ Department
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_____ Name of committee member	_____ Signature	_____ Department
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_____ Name of committee member	_____ Signature	_____ Department
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_____ Name of committee member	_____ Signature	_____ Department
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_____ Name of committee member	_____ Signature	_____ Department
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_____ Student's Signature	_____ Date
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Composition approved by:

_____ President of Graduate Affairs Committee	_____ Date
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_____ Graduate Program Coordinator	_____ Date
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<sup>1</sup> *The signature of other Committee members is evidence for their disposition to be part of the student Committee. The signature of the Coordinator of the Graduate Program and of the President of the Graduate Affairs Committee is evidence of the approval of the Committee composition.*