



CHANGE IN COMMITTEE

Master's Degree (MA in Sociology)

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Student Name _____ Date _____

PID _____ E-mail _____ Telephone _____

Address _____

NOTE: This form needs to be completed and submitted to the Department *only* if the proposal has already been approved. If the proposal has not yet been approved, any changes in committee should be discussed with the student, and committee members.

The Change in Committee is necessary for the following reason(s):

Former Committee
(*type names*)

Proposed Committee
(*type names*)

(*Access IDs*)

Thesis Adviser

Thesis Adviser

Thesis Adviser _____ Date _____

Student _____ Date _____

member removed _____ Date _____

member added _____ Date _____

member removed _____ Date _____

member added _____ Date _____

Department Graduate Director _____ Date _____