UNIVERSITY of MARYLAND EASTERN SHORE

DIVISION *of* ACADEMIC AFFAIRS

School of Graduate Studies

Change of Comprehensive Examination Committee Members

Student's Name: _____ Date: _____/_____/_____
Last First Middle

Student's I.D.:_____ Degree Program: _____

_____ Date: ____/____/_____
Current Committee Member's Name and Signature

_____ Date: ____/____/_____
Current Program Director's Name and Signature

_____ Date: ____/____/_____
New Committee Member's Name and Signature

I request to change a member(s) of my Comprehensive Examination Committee.

_____ Date: ____/____/_____
Student's Name & Signature (mandatory)

Please return this form to:

School of Graduate Studies
University of Maryland Eastern Shore
Engineering and Aviation Sciences Complex, Suite 3046,
Princess Anne, Maryland - 21853.
Phone: 410-651-6507
Fax: 410-651-7571
Email: graduatestudies@umes.edu

Revised 11/17