

Masters Supervisory Committee Change Form



Department of Communication
THE UNIVERSITY OF UTAH

Name: _____ Date of Approval: _____

UNID: _____

Degree (Select one): Master of Arts Master of Science

Student Signature: _____ Date: _____

Committee Chair
Name: _____ Date: _____

Signature: _____

Committee Member
Name: _____ Date: _____

Signature: _____

Committee Member
Name: _____ Date: _____

Signature: _____

Director of Graduate Studies or Department Chair
Name: _____ Date: _____

Signature: _____

Reason for change: