OLD DOMINION UNIVERSITY

The Graduate School

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Æ u] v š } v Committee
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REQUEST:

I hereby request the following } u ‰ Œ Z v •] À Æ u] v š] } v be established } Œ Z v P for:

^ š µ v Name: _____ UIN#: _____

College: _____ Degree and Program: _____

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Print Name	Signature	Date
Committee Z] Œ W		
_____ z	_____	_____
Members:		
_____ z	_____	z z z z z z z z
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APPROVAL:

Graduate Program Director: _____
Signature Date

Dean } Œ •] P v : z _____ College: _____ _____
Signature Date

} ‰] • W Graduate Director
Committee Chair
Student

Master [s Form: M ñ
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