

DEPARTMENT OF FOLKLORE & ETHNOMUSICOLOGY

REQUEST FOR COMMITTEE CHANGE

Date _____

Student: _____

Name(s) of committee member(s) to be deleted:

1. _____

2. _____

Name(s) of committee member(s) to be added:

1. _____
(signature)

2. _____
(signature)

Please be sure all members listed above are aware of the change.