

**RECOMMENDATION FOR RECONSTITUTION OF  
MASTER'S THESIS COMMITTEE**

*Please type or print legibly.*

**SEND TO:** Academic Services  
1255 Murphy Hall

**FROM:** School/Department /Interdepartmental Program of \_\_\_\_\_

<i>Student U.I.D. Number</i>	<i>Last name</i>	<i>First name</i>	<i>Middle name</i>
Local Address: _____			
<i>Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Major:  Degree:

**The following change(s) is (are) recommended in the master's thesis committee of the above student:**

Replace	_____	_____
	Professor	Department
	_____	_____
	Professor	Department
	_____	_____
	Professor	Department
With	_____	_____
	Professor	Department
	_____	_____
	Professor	Department
	_____	_____
	Professor	Department

**If approved, the committee will be as follows:**

_____	_____	_____
Name	Department	Academic Rank
_____	_____	_____
Name	Department	Academic Rank
_____	_____	_____
Name	Department	Academic Rank
_____	_____	_____
Name	Department	Academic Rank

**These changes in committee membership are recommended after consultation with the chair of the committee, all committee members (those to be replaced, those replacing and those continuing), and the student.**

Signature of departmental chair or authorized faculty departmental graduate advisor	Date
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