

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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