

**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 _____

Student U.I.D. Number Last name First name Middle name

Local Address: _____
Number and Street City State Zip Code

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:

_____, Chair _____
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