

**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**