RECOMMENDATION FOR RECONSTITUTION OF
MASTER’S THESIS COMMITTEE

Please type or print legibly.

SEND TO: Graduate Admissions/Student and Academic Affairs
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 __________________________

Rev: 10/00