

**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 _____

<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	_____	_____
	<i>Professor</i>	<i>Department</i>
	_____	_____
	<i>Professor</i>	<i>Department</i>
	_____	_____
	<i>Professor</i>	<i>Department</i>
With	_____	_____
	<i>Professor</i>	<i>Department</i>
	_____	_____
	<i>Professor</i>	<i>Department</i>
	_____	_____
	<i>Professor</i>	<i>Department</i>

If approved, the committee will be as follows:

_____	_____	_____
<i>Name</i>	<i>Department</i>	<i>Academic Rank</i>
_____	_____	_____
<i>Name</i>	<i>Department</i>	<i>Academic Rank</i>
_____	_____	_____
<i>Name</i>	<i>Department</i>	<i>Academic Rank</i>
_____	_____	_____
<i>Name</i>	<i>Department</i>	<i>Academic Rank</i>

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