



REQUEST FOR CHANGE IN THESIS ADVISORY COMMITTEE

1. REQUEST:

A. I hereby request the following Thesis Advisory Committee to be established for

_____ (Student's name)

_____ (Social Security No.)

who is enrolled in the _____ program.
(Title of degree program)

CURRENT COMMITTEE

PROPOSED NEW COMMITTEE

Chair

Chair

Signature of Current Thesis Advisory Committee Chair

(Date)

Signature of Proposed Thesis Advisory Committee Chair

(Date)

B. I concur with the above change(s) in the Thesis Advisory Committee.

Signature of Student

(Date)

2. APPROVAL:

Graduate Program Director

(Date)

* Dean

College

(Date)

* Required only if a non-faculty member is proposed to be on the Committee with voting rights.

ORIGINAL: Graduate Program Director
Copy: Student
Current Committee Members
New Committee Members