Petition for Change in Master's Supervising Committee

Please note: All changes must be submitted for processing at least two weeks prior to the thesis and report deadline. Please return this form to the Office of Graduate Studies, Main 101, Mail Code G0400.

TO:	Master's Degree Evaluator, Office of Graduate Studies				
FROM: Graduate Adviser			 Department	Department	
SUBJECT:	Petition for Change in Master's Supervising Committee for:				
	Name of Student		Student's EID EIEI		
Current Co As listed on M from the super		Candidate Form. <i>Ti</i> ired.	he signature(s) of any member that is being re	vlaced or removed	
Supervisor		 Department	Signature, Supervisor	Date	
Reader (Co-Supervisor	Department	Signature, Reader (or Co-Supervisor)	Date	
Reader (if any)		Department	Signature, Reader	Date	
	Committee: e the names of the persor	ns you recommend be	e appointed to the student's committee: Rank and GSC Status		
Reader C	Co-Supervisor	Department	Rank and GSC Status		
Second Reader (if	any)	Department	Rank and GSC Status		
thesis or repor also required		hould be attached bers.	nber(s) will have ample time to become familifor any non-GSC members. A letter of no		
			Approved by Master's Degree Evaluator	Date	