

MEMORANDUM

TO: Dr. Leslie D. Frazier, Director of Graduate Studies, Department of Psychology

FROM: {student's name}

CC: Student's file

DATE:

RE: Change of Composition of Master's Thesis Committee

Student's Information:

Name: _____ **PID:** _____
(Last, First, Middle)

Primary telephone: _____ **E-Mail:** _____

Graduate Training Program: _____

MEMBER LEAVING:

Name of Committee Member: _____ date: _____

Signature of Committee Member: _____ date: _____

MEMBER ADDED

Name of Committee Member: _____ date: _____

Signature of Committee Member: _____ date: _____

Request made by: _____
Student Signature Date

Recommended by: _____
Major Professor Signature Date

Approved by: _____
Director of Graduate Studies Signature Date