

REPLACEMENT OF THESIS/APPLIED PROJECT COMMITTEE MEMBERS

If a member of the Thesis Committee is being replaced, please fill out the information below and submit it to the Director as soon as possible.

Name _____

ASU Student ID Number _____

Date _____

CHECK ONE: Thesis Applied Project

Name of Committee Member to be replaced:

Name (typed or printed)

Signature

If you are unable to obtain signature, you must attach a copy of email notification to the former committee member of their replacement.

Reason for replacement:

Name of new Committee member:

Name (typed or printed)

Signature

Advisor Approval of Replacement

APPROVED BY DIRECTOR: _____

Date