



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Psychology Department
1000 East Victoria Street, Carson, CA 90747
310-243-3427

REQUEST FOR CHANGE IN MASTER'S THESIS COMMITTEE MEMBERSHIP

Please complete this form and obtain the required signatures. All committee members must be notified of any changes

Student Name: Student ID:

Address:

Phone: () Email:

MA Psychology Option:

Committee as it is presently:

New committee you are requesting:

Name (Print)

Name (Print)

(Chair)

(Chair)

All committee members must be notified of the changes.

Please provide detailed reason for the reconstitution on a separate sheet.

Committee Chair Signature: Date:

Graduate Coordinator Signature: Date:

Psychology Graduate Committee Only: Approve

Signature of Graduate Committee Chair: