



California State University  
**DOMINGUEZ HILLS**

*Psychology Department*  
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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)

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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: \_\_\_\_\_

\_\_\_\_\_