

EAST CAROLINA UNIVERSITY
College of Allied Health Sciences
Department of Nutrition Science

**REQUEST TO CHANGE
NON-THESIS PROJECT or THESIS COMMITTEE MEMBER**

Date of change request: _____

Please indicate below the person initiating this request:

- Student
 Committee Member

Student name

Banner ID

Name of Faculty member with ECU Graduate Faculty status who has agreed to serve as new
Committee Member: _____

Signature (New Committee Member)

Date

Signature (Former Committee Member)

Date

I understand that changing Committee Membership may delay my completion of the MS in
Nutrition program requirements:

Student Signature

Date

Describe how this change will affect the progress of your completion of the Non-thesis Project or
Thesis Research component of your program: _____

Signature (Program Director)

Date