

# Research Project Change Request Form

General Information			
Student ID No.		Program	
Student Name	(Signature)		
Current Research Project			
Current Project Type	<input type="checkbox"/> Thesis <input type="checkbox"/> Supervised Research <input type="checkbox"/> Capstone <input type="checkbox"/> Experiential Learning Project (GMP only)		
Current Research Topic			
Current POS Committee Members	Major Professor	(Signature)	
	Second Professor	(Signature)	
Change of Research Project *Please leave blank if not applicable			
New Project Type	<input type="checkbox"/> Thesis <input type="checkbox"/> Supervised Research <input type="checkbox"/> Capstone <input type="checkbox"/> Experiential Learning Project (GMP only)		
New Research Topic			
New POS Committee Members	Major Professor	(Signature)	
	Second Professor	(Signature)	

Submission Date: . . .