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| Group No.: | **00** |

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| Department |  |
| Degree Program: |  |
| Student Researchers: |  |
|  |
| Research Working Title: |  |

This is to request a change of members for the **\_\_\_\_\_\_\_ semester of Academic Year YYYY-YYYY** due to the following reasons:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Original Members*****(signature over printed name)*** |  | **New Set of Members****(*signature over printed name)*** |
|  |  | 1.  |
|  |  | 2.  |
|  |  | 3.  |
|  |  | 4.  |

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| Noted by: | Recommended by: |
|  |  |
|  | **Signature over Printed Name** |  | **Signature over Printed Name** |
|  | Research Adviser |  | Program Dean |
|  |  |  |  |

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|  |  |  |
| Approved:  |  |  |
|  | **Signature over Printed Name** |  |
|  | Vice President for Research and Innovation |