

Committee for: M S Thesis Ph D Dissertation

Department: Degree Program:

Last Name: _____

First Name: _____

UH ID: _____

Email Address: _____

Semester and year of entrance into graduate program: _____

Semester and year of anticipated graduation: _____

It is requested that the following members be appointed to constitute the Doctoral/Master's Committee for the above named student. By initialing below they have agreed to serve.

Committee Chairperson: (Also sign below to indicate your approval of the committee composition.)

_____	_____	_____	_____
Printed Name	UH ID	Department	Initials

Committee Members: (UH ID is only required for UH System employees.)

_____	_____	_____	_____
Printed Name	UH ID	Department/Institution/Company	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Committee Approval Signatures:

Approved: _____ (Date) _____
Committee Chairperson

Approved: _____ (Date) _____
Department Graduate Chairperson

Approved: _____ (Date) _____
Department Chairperson

Approved: _____ (Date) _____
Dean, College of Natural Sciences and Mathematics